

<b>Case Number:</b>	CM15-0192215		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old female, who sustained an industrial injury on July 21, 2012, incurring shoulder, knee, neck, and low back injuries. She was diagnosed with lumbar disc disease with disc protrusion, and lumbar radiculopathy. Treatment included anti-inflammatory drugs, pain medications, neuropathic medications, muscle relaxants, proton pump inhibitor, physical therapy and home exercise program and modified activities. She underwent lumbosacral discectomy and laminoforaminotomy. Currently, the injured worker complained of persistent low back pain radiating into the right lower extremity. She was treated with a prescription of oral steroids. She was currently working full time with modified restrictions. She noted cramping and muscle spasms in the low back region interfering with her functional mobility and activities of daily living. The treatment plan that was requested for authorization on September 30, 2015, included a lumbar epidural steroid injection and pre-epidural consultation. On September 14, 2015, a request for a lumbar epidural steroid injection and a request for a pre-epidural steroid injection consultation were denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lumbar Epidural 1 at left L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per progress report dated 8/4/15, "there are complaints of radiating dysesthesias in the right lower extremity in the L5-S1 distribution, positive right straight leg raising test, and give-way weakness of the right tibialis anterior and extensor hallucis longus. There is also a slight weakness noted in the quadriceps."MRI of the lumbar spine dated 8/20/15 revealed at L5-S1, a broad-based disc bulge (5mm eccentric to the right) with super imposed right posterolateral disc protrusion measuring 11 x 7 x 5mm. This comes in close proximity to and appears to contact, compress, and impinge the transiting right S1 nerve root to a lesser degree exiting the right L5 nerve root. There appears to be a prior right L5 hemilaminotomy. At this level, there is moderate-severe right neural foraminal narrowing, no central canal narrowing, and mild to moderate left neural foraminal narrowing. At L4-L5, there is a broad-based bulge (3mm) which, in conjunction with facet hypertrophy and ligament flava laxity, produces slight central canal narrowing, and moderate bilateral neural foraminal narrowing. I respectfully disagree with the UR physician's denial based on right-sided symptoms and left sided request. Laterality is not a consideration for interlaminar epidural steroid injections. The medical records support the presence of radiculopathy. The request is medically necessary.

**Per-Epidural consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. As the injured worker meets the criteria for epidural steroid injection, pre-epidural consultation is medically necessary.