

<b>Case Number:</b>	CM15-0192568		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/01/2015
<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:

This is a 53-year-old male with a date of industrial injury 6-13-2013. The medical records indicated the injured worker (IW) was treated for lumbar strain; intermittent right lower extremity radiculopathy; and thoracic strain, resolved. In the progress notes (8-12-15 and 9-9-15), the IW reported severe low back pain radiating into the hip, leg, knee and ankle rated 8 out of 10. He stated he experienced a decreased level of function since his previous visit. Medications included Norco, Motrin and Flexeril. On examination (8-12-15 and 9-9-15 notes), the lumbar spine was tender, greater on the left L5-S1 than the right. Forward flexion was limited to 45 degrees with a positive listing to the right. There was guarding and mild spasms on the left. Straight leg raising was positive on the right. There was no gross muscle weakness. Treatments included ice, heat and medications, which were helpful and chiropractic care which did not provide substantial relief. He had two previous lumbar epidural steroid injections; the documentation did not clearly state when the injections were given, the levels injected, the amount of pain relief or duration of the relief. The IW was temporarily totally disabled. A Request for Authorization was received for right lumbar epidural steroid injection (LESI) at L4-5, #3. The Utilization Review on 9-1-15 non-certified the request for right lumbar epidural steroid injection (LESI) at L4-5, #3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right lumbar epidural steroid injection at L4-L5 #3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections, therapeutic.

**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 the citation above, the guidelines do not support a "series-of-three" injections. As such, the request is not medically necessary.