

<b>Case Number:</b>	CM15-0196154		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 46 year old male who sustained an industrial injury on 05/05/2011. A review of the medical records indicated that the injured worker is undergoing treatment for lumbago, lumbar degenerative disc disease with radiculopathy. According to the treating physician's progress report on 08-26-2015, the injured worker continues to experience increasing low back and bilateral leg pain. A lumbar epidural steroid injection performed on 02-24-2015 provided 50-60% pain relief and lasted for approximately 5 months according to the 08-26-2015 report. During this time, the injured worker fully weaned Morphine Sulfate. According to the treating physician's progress report on 04-23-2015, the injured worker reported a flare-up and spasm requiring six days of bed rest. The injured worker continued with pain through July with severe pain rated at 6-7 out of 10 on the pain scale. Examination demonstrated severe pain and spasm across the bilateral lumbosacral area with any movement. Flexion was documented at 80% restricted, extension at 70% restricted, right lateral bending at 60 degrees restricted and left lateral bending 40% restricted. Straight leg raise was positive bilaterally. Hypoesthesia and dysesthesia down the bilateral posterior legs while seated was noted. The injured worker had a slow antalgic gait. Electrodiagnostic studies performed on 02-2014 and lumbar magnetic resonance imaging (MRI) performed on 07-2011 were interpreted within the progress note dated 08-26-2015. Prior treatments have included diagnostic testing, lumbar epidural steroid injection, psychological support, exercise and medications. Current medications were listed as Oxycodone IR 15mg, Flexeril and Compazine. Treatment plan consists of heat, ice, rest, gentle stretching and exercise as tolerated, continuing medication regimen and the current request by the provider

on 08-26-2015 for repeat bilateral L4-L5- and L5-S1 epidural steroid injection. On 09-29-2015 the Utilization Review determined the request for repeat bilateral L4-L5 and L5-S1 epidural steroid injection was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Repeat Bilateral L4-L5, L5-S1 Lumbar Epidural Injection: Upheld**

**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:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. There is no evidence of functional improvement after the first ESI. Therefore the determination is for non-certification. The request is not medically necessary.