

<b>Case Number:</b>	CM15-0197462		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 60-year-old male who sustained an industrial injury on 7-6-2011. Diagnoses have included chronic pain syndrome, low back pain, lumbar disc pain, lumbar degenerative disc disease, lumbar facet pain, lumbar stenosis, lumbar radiculitis, lumbar strain, myalgia, and numbness. Diagnostic tests noted were lumbar MRIs dated 12-29-2011 and 6-1-2012 revealing disc bulges and mild foraminal narrowing, "greatest at L3-4. The subsequent MRI noted "mild degenerative changes" at some levels. An electromyogram and nerve conduction study of the bilateral lower extremities performed 6-19-2014 had shown bilateral L4 radiculitis. Documented treatment includes Chiropractic therapy helping him complete activities of daily living, H-wave for pain relief, 3 sessions of massage therapy reducing pain by greater than 30 percent "for over 2 days with each appointment," and chiropractic therapy noted to have been helpful as well. Both therapies are stated to have reduced pain medication intake. Medication includes Lidoderm patches reported as "very helpful" with pain relief, and Ibuprofen. On 9-24-2015 the injured worker had presented with pain described as "stabbing, aching, burning, and numbness in his low back and the back of his lower extremities with the left being worse. He has had numbness in the right foot and stated that without medication, pain was 7-8 out of 10 on the VAS pain scale. There were no new symptoms reported. The physician as being tender with palpation, including over lumbar facet joints, documented the lumbar spine and sacroiliac joints. There was pain noted with range of motion and straight leg raise was positive. The treating physician's plan of care includes transforaminal bilateral L4 lumbar epidural steroid injection with moderate and conscious sedation. The note of 4-14-2015 states

"he has not had any back injections approved to date" and none are evident in the medical records provided. On 10-5-2015 this request was modified to be performed without moderate and conscious sedation. The injured worker is presently not working.

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

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

#### **Transforaminal Bilateral L4 Lumbar Steroid Injection with Moderate and Conscious Sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation ODG Pain, Chapter, 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 "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. Per the medical records submitted for review, physical exam revealed decreased sensation over the bilateral L4 dermatomes, decreased Achilles reflexes of 1+. MRI of the lumbar spine dated 6/1/12 revealed mild degenerative changes and mild disc bulging at some levels and some of the neural foramina are slightly narrowed appearing greatest on the right at L3-L4 with mild narrowing on the left at this level. However, per the guidelines with regard to sedation: There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. This is of particular concern in the cervical region. (Hodges 1999) Routine use is not recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended. The general agent recommended is a benzodiazepine. The documentation submitted for review does not indicate

that the injured worker suffers from anxiety. Absent such evidence, medical necessity cannot be affirmed. The request is not medically necessary.