

<b>Case Number:</b>	CM15-0198444		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	02/27/2007
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 62 year old, male who sustained a work related injury on 2-27-07. A review of the medical records shows he is being treated for low back pain. Treatments have included medications. Current medications include Norco and Skelaxin. In the progress notes, the injured worker reports constant low back pain. He rates the pain a 7 out of 10. This pain level and symptoms have not significantly changed over the last few visits. On physical exam dated 8- 24-15, he has some decreased and painful lumbar range of motion. He has a positive straight leg raise with left leg. He has a positive FABER sign and thigh thrust. Sensation is intact to light touch, pinprick and two-point discrimination in all dermatomes in both legs. Muscle strength is 5 out of 5 in both legs. He is not working. The treatment plan includes requests for an epidural steroid injection, refills of medications and was given Voltaren gel. In the Utilization Review dated 9-10-15, the requested treatment of lumbar epidural injections at L3-4, L4-5 and L5-S1 are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural injection L3-L4, L4-L5, L5-S1: 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:** 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 citation above, no more than one interlaminar level should be injected at one session. As such, the request for L3-L4, L4-L5, and L5-S1 ESI is not medically necessary. Furthermore, the documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy.