

<b>Case Number:</b>	CM15-0200217		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 64 year old female with an industrial injury date of 07-12-2007. Medical record review indicates she is being treated for intractable lumbar pain, lumbar radiculopathy and left ankle arthroscopic surgery. Subjective complaints included low back pain radiating to left hip with burning pain to left lower extremity to the foot and great toe with numbness, tingling and weakness. The treating physician indicated the injured worker was unable to sit for more than 3 minutes or stand for more than 5 minutes because of increasing pain. She rated her pain as 10 out of 10. The injured worker also rated bilateral feet and ankle pain as 10 out of 10. "The patient has difficulty performing her activities of daily living." "She has difficulties with grooming, bathing, dressing, household chores and driving." Work status (08-19-2015) is documented as temporary total disability status. Physical exam (08-19-2015) noted antalgic gait with the use of a cane. Tenderness to palpation over the lumbar paravertebral area with moderate spasm was noted. Straight leg raise was negative on the right at 90 degrees and positive on the left at 60 degrees. Sensation is documented as decreased to left lateral calf and left posterior calf-outer foot. Prior treatment included lumbar epidural injections (2012) with short term pain relief, lumbar epidural injection (2015) with good pain relief, physical therapy (ankle) and medications. The treating physician documented in the 08-19-2015 note the results of the following: Electro diagnostic studies (11-05-2014) showed chronic active lumbar 5-sacral 1 radiculopathy on both sides. Lumbar spine MRI (11-06-2014) showed disc protrusions at lumbar 4-lumbar 5 and lumbar 5-sacral 1 with compromise of the exiting nerve root on the right at lumbar 4-lumbar 5 and possibly the left. At lumbar 4-lumbar 5 there was compromise of the exiting nerve roots on both sides. On 9-18-2015 the request for Lumbar Epidural Injection at L4-5 was 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 Injection at L4-5: 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 a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per the medical records submitted for review, the injured worker was previously treated with epidural steroid injection on 2/3/15. It was noted that she had good pain relief with this injection. She indicated that the epidural effects lasted for 30 days. However, per progress report dated 3/18/15, severe low back pain was documented. As there was not documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks, repeat injection is not indicated. The request is not medically necessary.