

<b>Case Number:</b>	CM15-0201352		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/07/2015
<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 63 year old male who sustained an industrial injury on August 19, 2009. The worker is being treated for: right knee contusion, right shoulder strain, left wrist contusion, lumbosacral strain superimposed on degenerative disc disease and left ankle sprain; arthralgia shoulder. Subjective: April 14, 2015, "worst area of pain is lumbar spine," with constant pain radiating to right hip, buttock and posterior thigh; occasional mid back pain on the right side; pain with overhead work, and right knee and left ankle pains. February 11, 2015, "lower back and mid back continue with shooting pains up the back." She needs to change sitting positions frequently and sleep is now being disturbed; been using Nyquil but doesn't work all the time. The right knee and shoulder also causing pain. She is requesting a new prescription for Nambutone. Objective: April 14, 2015 with normal gait, able to toe heal walks, shoulders with slight tenderness along the tip of the right acromion. February 11, 2015 with tenderness to palpation over lumbar posterior spinous processes at the L5-s1 area and over left lower thoracic facet area. Medications: April 14, 2015: Pantoprazole, Relafen. February 11, 2015: Motrin, Pantoprazole. Treatment: activity modification, medications. Diagnostics: MRI lumbar spine February 25, 2011. On September 03, 2015 a request was made for bilateral L5-S1 transforaminal epidural injection that was noncertified by Utilization Review on October 07, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 Transforaminal Epidural Injection, per 9/22/15 order qty 2.00: 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 progress report dated 9/22/15, physical exam noted strength 5/5 in all major muscle groups. Sensation was intact to light touch and pinprick. Reflexes were equal and symmetric bilaterally in the upper and lower extremities. MRI revealed scoliosis at L2-L3. Spondylitic degenerative changes at multiple levels. L4-L5 broad based disc bulge causing possible impingement of traversing L5 nerve roots. Lumbar facet arthritis moderate to severe multiple levels. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary. Furthermore, the request for two injections is not appropriate, as repeat injections rely on documented improvement.