

<b>Case Number:</b>	CM15-0203388		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	03/29/1996
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 76 year old male, who sustained an industrial injury on 3-29-96. Medical records indicate that the injured worker is undergoing treatment for chronic pain syndrome, low back pain, spinal enthesopathy, fasciitis, sciatica and lumbar-thoracic radiculopathy. The injured workers current work status was not identified. On (6-24-15) the injured worker complained of low back pain, which radiated down the bilateral legs, more on the right than the left. The injured worker also noted right hip pain with walking and standing in a certain position. The pain was rated a 3 out of 10 with medication and 5-6 out of 10 without medication on the visual analogue scale. Objective findings revealed tenderness over the cervical, thoracic and lumbar spine and lumbar facet tenderness at lumbar four-sacral one. Lumbar facet loading maneuver was positive. Sensation was diminished to pinprick in the right anterolateral thigh and leg (lumbar one, lumbar two and lumbar three dermatome). A straight leg raise test was positive on the right. Treatment and evaluation to date has included medications, urine drug screen and lumbar transforaminal epidural steroid injections (3-2-15). The epidural steroid injections provided greater than 75% improvement for about 10 weeks, with improvement in function including ambulation, standing, performing activities of daily living and light exercise. Medications and treatments tried and failed include physical therapy, non-steroidal anti-inflammatory drugs and a transcutaneous electrical nerve stimulation unit. Current medications include Zipsor, Medrol dose, Vicodin, Lactulose, Cymbalta and Glucosamine Chondroitin. The current treatment request is for a right lumbar-one, lumbar-two, lumbar-three, lumbar-four and lumbar-five transforaminal epidural steroid injection. The Utilization Review documentation dated 9-17-15 non-certified the request for a right lumbar-one, lumbar-two, lumbar-three,

lumbar-four, and lumbar-five transforaminal epidural steroid injection.

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

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

**Right L1-2, L3-4, & L4-5 transforaminal epidural steroid 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:** Based on the 6/24/15 progress report provided by the treating physician, this patient presents with radiating pain in bilateral legs, right > left, and right hip pain when walking and when standing in certain position, with pain rated 3/10 with medication and 5-6/10 without medication. The treater has asked for right L1-2, L3-4, & L4-5 transforaminal epidural steroid injection on 6/24/15. The request for authorization was not included in provided reports. The patient has failed conservative modalities including physical therapy, NSAIDs, TENS, and various medication trials per 6/24/15 report. The patient is s/p progressively increasing right radicular pain with some radiation down left leg per 6/24/15 report. The patient is s/p L1-2, L2-3, and L3-4 epidural steroid injection from 3/2/15, which gave greater than 75% improvement for 10 weeks with improvement in function per 6/24/15 report. Prior to the epidural steroid injection, the patient had a lumbar L4-S1 bilateral facet joint injection from 3/5/14 with total resolution of axial pain for 6 months per 5/20/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 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." 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. The patient is s/p L1-2, L2-3, and L3-4 epidural steroid injection from 3/2/15, which gave greater than 75% improvement for 10 weeks with improvement in function per 6/24/15 report. Lumbar spine imaging was not included in provided reports. MTUS guidelines allow for repeat injections if the patient has had 50% pain relief with associated reduction of medication use for 6-8 weeks. Utilization review letter dated 9/17/15 denies request, as "guidelines do not recommend more than 2 nerve root levels for transforaminal injection." In this case, the patient has had good improvement from a prior lumbar epidural steroid injection. However, the request is also for 3 level injections and MTUS recommends only 2 levels at a time. Therefore, the request IS NOT medically necessary.