

<b>Case Number:</b>	CM15-0205643		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 66 year old female, who sustained an industrial injury on 12-19-08. She reported back pain. The injured worker was diagnosed as having lumbar spondylosis and closed fracture of the lumbar vertebra without spinal cord injury. Treatment to date has included L2, L3, and L4 kyphoplasty in 2009, transforaminal epidural steroid injection, H-wave, a home exercise program, and medication including medication Effexor XR, Ibuprofen, and Oxymorphone. On 8-14-15 the treating physician noted "increased activity make her pain worse. Vacuuming, gardening increases her pain. She admits that she does go some days without taking the pain medications." Physical examination findings on 8-14-15 included antalgic gait and limited back range of motion with extension. Right axial rotation caused severe pain over the right lower back with positive facet loading on the right. Tenderness to palpation was noted adjacent to the upper lumbar spinous processes. On 8-14-15, the injured worker complained of right greater than left lumbosacral pain rated as 6 of 10. On 8-17-15 the treating physician requested authorization for right L1-2 and L2-3 intraarticular steroid injection x2. On 10-1-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L1-L2, L2-L3 intra-articular steroid injection qty: 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, it is noted that the injured worker admits to not taking her pain medications as prescribed and has therefore not failed with conservative treatment. Additionally, she has recently received medial branch blocks at the same levels without efficacy. The request for right L1-L2, L2-L3 intra-articular steroid injection qty: 2 is determined to not be medically necessary.