

<b>Case Number:</b>	CM15-0207138		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	07/01/2003
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 42 year old male, who sustained an industrial injury on 7-1-2003. The injured worker is undergoing treatment for, post lumbar laminectomy syndrome, chronic pain syndrome, myalgia, insomnia, lumbar degenerative disc disease (DDD) and lumbar radiculopathy. Medical records dated 10-1-2015 indicate the injured worker complains of chronic back and bilateral lower extremity pain. He reports working 25 hours a week but that a flare up is making it difficult and preventing sleep. He rates the pain 9 out of 10 without medication and 5 out of 10 with medication. Physical exam dated 10-1-2015 notes lumbar pain and spasm with decreased range of motion (ROM) and positive straight leg raise. Treatment to date has included medication, home exercise program (HEP), water physical therapy, lumbar surgery X2 and activity alteration. The injured worker indicates 2013 epidural injection provided 80% relief for over 6 months. The original utilization review dated 10-8-2015 indicates the request for bilateral lumbar transforaminal epidural steroid injection is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One bilateral S1 transforaminal lumbar epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of ESI is 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS, and muscle relaxants). Injections should be performed using fluoroscopy 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. 5) No more than two nerve root levels 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. 8) Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. In this case the physical exam does not demonstrate a radiculopathy and there is no imaging to corroborate a radiculopathy. The criteria are not met and are not medically necessary.