

<b>Case Number:</b>	CM15-0207286		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	03/12/2015
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/13/2015
<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: 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 40 year old male, who sustained an industrial injury on 3-12-2015. The injured worker was being treated for lumbosacral strain, right lumbosacral radiculitis, L4-5 (lumbar 4-5) central disc protrusion, and C5-6 (cervical 5-6) disc degeneration with disc-osteophyte complex and bilateral foraminal narrowing. The injured worker (10-7-2015) reported ongoing lower back pain. The treating physician noted that the injured worker underwent a L4-5 epidural steroid injection on 6-29-2015, which provided "50% improvement in his back pain lasting 4 days and 100% improvement in his right leg pain lasting more than 6 weeks." The physical exam (10-7-2015) revealed lumbar extension that is 10% of normal, forward flexion and standing are 0 with the injured worker reporting this causes too much pain, a positive right straight leg raise, and 1+ reflexes in the knees and ankles. Per the treating physician (10-7-2015 report), an MRI of the low back (dated 4-27-2015) revealed a central disc protrusion at L4-5 indenting the thecal sac. Treatment has included physical therapy, work restrictions, and medications muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (10-7-2015 report), the injured worker is temporary partially disabled. The requested treatments included a L4-5 epidural steroid injection. On 10-13-2015, the original utilization review non-certified a request for a L4-5 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 epidural steroid injection, outpatient:** 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 7/30/15, sensation to light touch was noted normal to light touch and pin prick in the bilateral lower extremities. Reflexes were 2+ bilaterally in the patella and Achilles. Motor exam was 5/5 bilaterally in all muscle groups. MRI of the lumbar spine dated 6/27/15 revealed at L4-L5 a 4mm central disc protrusion causing mild central canal stenosis with no other significant abnormalities. 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.