

<b>Case Number:</b>	CM15-0023119		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Hawaii, 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 74 year old female, who sustained a work/ industrial injury on 5/12/03. Mechanism of injury was not documented. She has reported symptoms of increasing right lower extremity radicular pain reported as 5-7/10. Prior medical history includes arthritis. Surgery included right knee replacement and bladder surgery. The diagnoses have included degeneration of lumbar/lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, lumbosacral spondylosis without myelopathy, and thoracic or lumbosacral neuritis or radiculitis. Treatments to date included bilateral sacroiliac joint injection for increasing lumbar and sacroiliac joint pain, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and medication. Diagnostics included an MR I that revealed degenerative changes with disc bulging at multi-levels, but no herniated nucleus pulposus or spinal stenosis. Medications included Tylenol with Codeine #4, Omeprazole, Baclofen, Lidoderm 5% patch, Ambien, and Diltiazem Hydrochloride. Examination findings reveal increasing right lower extremity radiculopathy with straight leg raise at 45 degrees and numbness and right lower extremity patellar reflex is diminished, range of motion decreased, weakness at L4-5 distribution graded 4/5. A request was made for a lumbar epidural steroid injection. On 1/27/15, Utilization Review non-certified a Lumbar epidural steroid injection, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . 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." MTUS further defines the criteria for epidural steroid injections to include: 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. Physical exam findings do indicate some L4-5 deficits. However, the MRI submitted reports disc bulge but no herniation or stenosis. Additionally, the request does not specify what levels the treating physician would like to inject. As such, the request for Lumbar epidural steroid injection is not medically necessary as written.