

<b>Case Number:</b>	CM15-0025321		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	10/12/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 female, who sustained an industrial injury on October 12, 2010. The diagnoses have included low back pain, lumbar disc protrusion. Treatment to date has included lumbar epidural injection, medication, physical therapy and TENS unit. Currently, the injured worker complains of ongoing low back pain radiating to the bilateral lower extremities. He reports limitations in ambulation and in physical activity. The injured worker notes that he had limited benefit from a lumbar epidural injection and temporary benefit from TENS therapy. On examination, the injured worker had tenderness to palpation of the spinal vertebral area of L4-S1 and limited range of motion of the lumbar spine. There was increased pain with flexion and extension and facet signs in the lumbar spine bilaterally. A sensory examination revealed decreased sensitivity in both of the lower extremities. On January 28, 2015 Utilization Review non-certified a request for bilateral L4-5, L5-S1 transforaminal epidural using fluoroscopy, noting that there was no clear documentation of radiculopathy in the distribution of L4-5 and L5-S1 dermatomes and without clear indication of radicular symptoms in the L4-5 and L5-S1 distribution and without documented sustained benefit from previous epidural steroid injections, the request was non-certified. The California Medical Treatment Utilization Schedule was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of bilateral L4-5, L5-S1 transforaminal epidural steroid injection using fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5, L5-S1 transforaminal epidural using fluoroscopy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The documentation submitted for review includes notes from PTP [REDACTED] as well as notes from the office of the Pain Medicine physician who is requesting authorization for the ESIs. The note from 12/14 documents reduced sensation in the lower extremities but no weakness. The appeal to the UR denial in 1/15 notes weakness, +SLR, and no sensation changes nor reduced DTRs. Reference is made by the UR physician to a poor response to a previous epidural steroid injection, which I can neither affirm nor refute based upon the records available to me. At issue is the definition of radiculopathy and whether the IW currently has this diagnosis based on physical exam. With the contradictory and incomplete physical exam documentation, medical necessity cannot be affirmed. 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.