

<b>Case Number:</b>	CM15-0211256		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	06/09/2013
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 34 year old male, who sustained an industrial injury on 6-9-2013. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, right lower extremity paresthesias, lumbar disc bulging, lumbar facet pain, and myofascial pain. On 10-12-2015, the injured worker reported low back pain with neck, mid back and shoulder pain with intermittent numbness and tingling as well as neuropathic pain in the lower extremities, rated 7-8 out of 10 on the visual analog scale (VAS) without medications and 4-5 out of 10 with medications, with the pain worse since the previous appointment. The Primary Treating Physician's report dated 10-12-2015, noted the injured worker reported taking his medications helpful and well tolerated, taking them as prescribed and feeling they increase function. The injured worker's current medications were noted to include Naproxen, Gabapentin, Norco, Colace, and Omeprazole, using his TENS unit and back brace for added pain relief and continuing to see a psychologist for depression secondary to his chronic pain. The physical examination was noted to show tenderness over the lumbar paraspinals and facet joints with pain with lumbar flexion and extension and positive straight leg raise. The sacroiliac joints were noted to be tender to palpation bilaterally. The Physician noted the lumbar MRI showed lumbar straightening, limited annular bulging at multiple lumbar levels, with L4-L5 7mm thecal sac and no significant stenosis identified at L5-S1. A bilateral lower extremity electromyography (EMG)-nerve conduction study (NCS) was noted to show right L5 radiculitis. Prior treatments have included bracing, TENS, physical therapy, Toradol injections, and 5-6-2014 epidural steroid injection (ESI) still experiencing 6 out of 10 pain the next day, noted on 5-20-2014 not

to have provided any pain relief. The treatment plan was noted to include a request for a transforaminal lumbar epidural steroid injection (ESI) at right L5 and right S1 with the goal to reduce the injured worker's radicular and discogenic pain and improve function, and continued medication management. The injured worker was noted to be not working. The request for authorization dated 10-15-2015, requested right L5 and S1 transforaminal epidural steroid injections with moderate sedation and fluoroscopic guidance. The Utilization Review (UR) dated 10-21-2015, non-certified the request for right L5 and S1 transforaminal epidural steroid injections with moderate sedation and fluoroscopic guidance.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right L5 and S1 transforaminal epidural steroid injections with moderate sedation and fluoroscopic guidance: 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:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. 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. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). CA MTUS criteria for epidural steroid injections are: "Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit." 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. In this case the exam notes from 10/12/15 do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. The lumbar spine MRI has shows no significant stenosis at L5-S1, thus the symptoms are not corroborated by imaging studies. Therefore, the determination is for non-certification. Therefore, the requested treatment is not medically necessary.