

<b>Case Number:</b>	CM15-0214963		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 22 year old male, who sustained an industrial-work injury on 12-19-13. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement, lumbar sprain and strain, lumbar radiculopathy, and myofascial pain syndrome. Treatment to date has included pain medication Tramadol, Mobic, Motrin, Flexeril (which have not been very helpful), acupuncture at least 6 sessions, lumbar epidural steroid injection (ESI) 9-16-15, physical therapy with some benefit, home exercise program (HEP), and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 4-1-14 reveals lumbar degenerative disc disease (DDD), lumbar bulge with possible annular fissure, dorsal fissure, neural foraminal narrowing, and disc protrusion. The electromyography (EMG), nerve conduction velocity studies (NCV) studies of the bilateral lower extremities (BLE) dated 4-8-15 was normal. Medical records dated 10-13-15 indicate that the injured worker complains of low back pain with tightness and radiation to the hips and buttocks. He also reports tingling sensation in the right lower extremity (RLE) to the leg and foot. The pain is aggravated by sitting, bending and twisting and he reports difficulty sleeping. Per the treating physician report dated 10-13-15 the injured worker is on modified duties but they are not available so he is temporarily totally disabled. The physical exam reveals that the straight leg raise is positive on the right and there is decreased lumbar range of motion. The medical records do not document that there is a 50 percent pain relief with associated decrease in medication use for 6-8 weeks post injection. The records do not document symptoms, exam findings and diagnostic studies to confirm or correlate with the presence of a radiculopathy at the requested level. The requested service included Repeat L5-S1 lumbar epidural steroid injection. The original Utilization review dated 10-24-15 non-certified the request for Repeat L5-S1 lumbar epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat L5/S1 lumbar epidural steroid injection:** 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 guidelines, the 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. 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. ESIs are indicated for those with radiculopathy on exam and imaging or neurodiagnostics. In this case, the MRI does not indicate cord impingement and the EMG/NCCV was normal. The ACOEM guidelines do not recommend ESI due to their short-term benefit. As a result, the request for the ESI is not necessary.