MAXIMUS Federal Services

| Case Number: | CM15-0218301 | | |
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| Date Assigned: | 11/10/2015 | Date of Injury: | 10/30/2013 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 10/27/2015 |
| Priority: | Standard | Application Received: | 11/05/2015 |

## 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 51-year-old male who sustained an industrial injury on 10-30- 2013. According to a medical legal evaluation report dated 02-03-2015, the injured worker had sustained an injury to the lower back. He reported low back pain and experienced pain down both legs, sometimes one leg greater that the other. He reported that he received lumbar injections for one day. He recalled that there was no effect. He also reported that he received acupuncture treatments. Records show that the injured worker also had physical therapy. On 08-26-2015, the injured worker was still in pain and discomfort. He had back pain radiating to the legs. There was decreased lumbosacral motion. Straight leg raise of the legs was positive. There was a trigger point in the lumbosacral paraspinal musculature. The provider noted that the injured worker had an MRI finding of lumbosacral disc injury and electromyography finding of lumbosacral radiculopathy. An MRI report dated 02-11-2014 was submitted for review. An electrodiagnostic testing report dated 07-09-2014 showed evidence of bilateral lumbosacral radiculopathy (marked by active denervation), localized to bilateral L4, L5 nerve roots greater that S1 nerve roots. According to a progress report dated 10-07-2015, the injured worker was still in pain and discomfort. There was decreased lumbosacral motion. Motor strength was 5 out of 5 in the lower extremity. Deep tendon reflexes were 2 out of 2 of knee and ankle joint. There was a positive straight leg raising test of the legs. He had a trigger point in the lumbosacral paraspinal musculature. Current diagnoses included lumbosacral sprain strain injury, lumbosacral disc injury, and lumbosacral radiculopathy and myofascial pain syndrome. Percocet and Mobic were continued. There had been a denial of electro-acupuncture and lumbar

epidural steroid injection. The treatment plan included second opinion with named provider or MPN spine surgeon. The injured worker was temporarily partially disabled. Follow up was indicated in 3 weeks. On 10-27-2015, Utilization Review non-certified the request for lumbar epidural steroid injection at L5-S1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L5-S1:** 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.MRI of the lumbar spine dated 2/11/14 revealed evidence of bilateral lumbosacral radiculopathy localized to bilateral L4, L5 nerve roots greater than S1 nerve roots. Physical exam dated 10/7/15 noted deep tendon reflexes 2+ at the ebilateral knee and ankles. Motor strength was 5/5 in all muscle groups of the lower extremities bilaterally. 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 are not met, the request is not medically necessary.