

<b>Case Number:</b>	CM15-0031344		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Maryland  
Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 33 year old male, who sustained an industrial injury on June 5, 2014. He has reported low back pain, right buttock pain and bilateral lower extremity pain with associated tingling and numbness of the lower extremities. The diagnoses have included lumbar 5 through sacral 1 intervertebral disc derangement and stenosis, low back pain, neck pain and herniated nucleus pulposus of the lumbar 5-sacral 1 region. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, steroid injections, pain medications and work restrictions. Currently, the IW complains of low back pain, right buttock pain and bilateral lower extremity pain with associated tingling and numbness of the lower extremities. The injured worker reported an industrial injury in 2014, resulting in low back pain, right buttock pain and bilateral lower extremity pain with associated tingling and numbness of the lower extremities. He reported helping a patient from a vehicle and onto a gurney when he felt a twist and pain in the back. Eventually he experienced radiculopathy in the bilateral lower extremities. He was treated conservatively with pain medications and physical therapy with a little relief. Evaluation on November 24, 2014, revealed continued pain. Surgical intervention was recommended. On February 4, 2015, Utilization Review non-certified a request for a pain management consultation for the low back, lower back injection-epidural spinal (CESI, TESI, LESI) lumbar epidural steroid injection at the right lumbar 5 through sacral 1 level, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 16, 2015, the injured worker submitted an application for IMR for review of requested pain management consultation for the low back, lower back injection-epidural spinal (CESI, TESI, LESI) lumbar epidural steroid injection at the right lumbar 5 through sacral 1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 127 and on the Official Disability Guidelines (ODG); Evaluation & Management, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-311.

**Decision rationale:** This 33 year old male has complained of low back pain since date of injury 6/5/14. He has been treated with physical therapy, epidural steroid injection and medications. The current request is for pain management consultation. Per the MTUS guidelines cited above, pain management consultation is not indicated at this time. There is inadequate documentation of previous therapies tried and response to those therapies. Additionally, there is inadequate documentation regarding provider expectations from a pain management consultation. On the basis of the available medical records and MTUS guidelines cited above, pain management consultation is not indicated as medically necessary.

**Epidural Spinal (CESI, TESI, LESI) Lumbar Epidural Steroid Injection at right L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); criteria for the use of Epidural Steroid Injections.

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

**Decision rationale:** This 33 year old male has complained of low back pain since date of injury 6/5/14. He has been treated with physical therapy, epidural steroid injection and medications. The current request is for lumbar epidural steroid injection at right L5-S1. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 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 "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not adequately document that criteria (1) and (2) above have been met. On the basis of the available medical records and per the MTUS guidelines cited above, a lumbar spine epidural corticosteroid injection at L5-S1 is not indicated as medically necessary.