

<b>Case Number:</b>	CM15-0031376		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/03/2015
<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: 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 46 year old male who sustained an industrial injury to his lower back on May 28, 2014 when his foot got stuck in a hole and he fell backwards. A lumbar magnetic resonance imaging (MRI) performed on July 2, 2014 demonstrated an 8mm central left paracentral disc extrusion at L1-L2 with severe spinal canal stenosis with compression of the conus medullaris, a 7mm central right paracentral disc extrusion at L2-L3 with spinal canal stenosis and mild cauda equine compression, a 2mm retrolisthesis of the L3 on the L4, a 7mm broad based posterior disc protrusion bilaterally transiting the L4 nerve and a 7mm broad based posterior disc protrusion and facet arthropathy with mild impingement of the transiting L5-S1 with severe bilateral neural foraminal narrowing with impingement of the L5-S1 nerve bilaterally. An Electromyography (EMG) in July 2014 showed abnormal active degenerative potentials in both lower extremities and the lumbar and thoracic paraspinal muscles suggestive of poly-radiculopathy and radiculitis or motor nerve disease. There was no evidence of peripheral neuropathy. Nerve Conduction Studies (NCS) were normal. The injured worker was diagnosed with lumbar radiculopathy and multilevel lumbar disc herniations. According to the primary treating physician's progress report on February 2, 2014 the injured worker continues to experience left sided back pain with radiation of pain and numbness to the left calf and last two toes of the left foot. He has noted improvement with physical therapy, injections and medication. Current medications consist of Tylenol, Tramadol, Relafen, Flexeril and Advil. Treatment modalities consist of 24 completed physical therapy sessions, home exercise program, an epidural steroid injection (ESI) of the lumbar spine in October 2014, a Transforaminal Epidural

Injection at Left L3, L4 and L5 under Fluoroscopic Guidance on January 23, 2015, chiropractic therapy and medication. The injured worker is on temporary partial disability (TPD) and working with modified restrictions. The treating physician requested authorization for 1 Transforaminal Epidural Injection at the Left L3, L4 and L5 under Fluoroscopic Guidance. On February 3, 2015, the Utilization Review denied certification for 1 Transforaminal Epidural Injection at the Left L3, L4 and L5 under Fluoroscopic Guidance. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

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

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

#### **1 Transforaminal Epidural Injection at the Left L3, L4 and L5 under Fluoroscopic Guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

**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. (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 claimant did benefit more than 50% with the 1st injection. The claimant had appropriate radicular findings on exam, imaging and NCV. However; no more than 1 intralaminar injection should be performed in 1 session. As a result, the request for an ESI for L3, L4, L5 does not meet the guideline specifications and is not medically necessary.