

<b>Case Number:</b>	CM15-0035256		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	08/26/2006
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: New Jersey

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 60 year old male, who sustained an industrial injury on September 26, 2006. He has reported a back injury. He had a pre-existing lumbar spine surgery that he believed occurred in 2001. The diagnoses have included lumbar disc degeneration. Treatment to date has included radiological imaging, and medications. Currently, the IW complains of low back pain with tingling into the legs. A magnetic resonance imaging of the lumbar spine completed on December 23, 2014, reveals neural foraminal narrowing bilaterally at L4-5. The records indicate he had used private insurance to obtain a facet injection. He has rated his pain as 9/10. Physical findings included tenderness in the lumbar paraspinal muscles. Range of motion reflects a decreased left foot dorsiflexion. He has decreased sensation in bilateral L5 region, and a negative straight leg raise test. On February 6, 2015, Utilization Review modified certification to interlaminar epidural steroid injection at L4-5. The Chronic Pain Medical Treatment guidelines were cited. On February 23, 2015, the injured worker submitted an application for IMR for review of lumbar L4-L5 epidural and bilateral L5 lumbar transforaminal epidural injections under fluoroscopy with IV sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar (L4-L5) Epidural steroid injection and Bilateral (L5) Lumbar Transforaminal Epidural steroid injections under fluroscopy IV sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

**Decision rationale:** The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants). 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, although there was a history or a successful lumbar epidural injection in the past, and with documentation of L5 radiculopathy based on subjective and physical findings, the request was for more than one lumbar level and more than 2 injections. Therefore, the request for Lumbar (L4-L5) Epidural steroid injection and Bilateral (L5) Lumbar Transforaminal Epidural steroid injections under fluoroscopy IV sedation will be considered medically unnecessary. Choosing one level such as L4-5 and one injection would be more reasonable.