

<b>Case Number:</b>	CM15-0037351		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, 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 male patient, who sustained an industrial injury on 02/14/2013. A primary treating office visit dated 12/22/2014, reported subjective complaint of right carpal tunnel injection has helped foot and heel pain, but continues with numbness. Right shoulder pain continues and he cannot sleep on his right side due to pain. The low back pain also continues. Objective findings showed the patient with a limp favoring the right side, using a cane. There is tenderness to lumbar spine, and right sciatic notch. He is diagnosed with lumbar spine radiculitis; right shoulder internal derangement and right foot tarsal tunnel. A request was made for a lumbar epidural steroid injection at right L4-5 and L5-S1 under fluoroscopy. On 02/17/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain Guidelines, Epidural Steroid Injections was cited. The injured worker submitted an application for independent medical review of services requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection (ESI), Lumbar at Right L4-5 and L5-S1 Fluoroscopy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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 researches do not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Radiculopathy does appear to be documented on history in both legs. MRI on 5/13/13 reported diffuse disc bult with 4-5mm broad-base posterior disc protrusion at L5-S1 with indents the anterior sac but no spinal stenosis or neuroforaminal narrowing. 3 mm diffuse disc bult at L4-5 with moder left and mild right neuroforminal narrowing. EMG performed on 2/20/14 demonstrated mild right L5 radiculopathy. The patient's symptoms, imaging and electrodiagnostic studies do not corroborate which levels and side the radiculopathy is on. Per visit on 5/8/14, the patient was to receive a ESI the following day by the requesting provider. It is unclear whether the patient received these injections and what the responses to them were. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). As such, the request for Epidural steroid injection (ESI), Lumbar at Right L4-5 and L5-S1 Fluoroscopy is not medically necessary.