

<b>Case Number:</b>	CM15-0039081		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Florida

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 53 year old male who sustained a work related injury February 9, 2010. According to a neurosurgeons progress report dated November 14, 2014, the injured worker has a longstanding history of a lumbar spine disorder. He has been treated with lumbar epidural injection, Norco and Flector patches. Diagnoses are documented as L4-5, L5-S1 herniation and facet syndrome. A supplemental report from the neurosurgeon dated January 31, 2015, reveals the injured worker has back pain when rising out of a chair and also extension. Sensation is diminished to a left L5 and S1 light touch dermatomal distribution with reflexes one plus throughout. The diagnoses remain the same. The treatment request is for L5-Si intralaminar epidural injection from a request dated January 10, 2015, pending authorization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar intralaminar epidural steroid injection at L5-S1: Overturned**

**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 Steroid Injections, page 80.

**Decision rationale:** MTUS 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. Regarding this patient's case, he has previously had epidural steroid injections. His last injection is noted to have provided "very positive results" and to have lasted "about two months." His injection was performed in the fall of 2014. Physical exam does document radiculopathy, and it is noted that the patient has had prior MRI and X-ray imaging studies that collaborate this diagnosis. There is also documentation of failure of prior conservative treatment. This patient's case satisfies MTUS guidelines for a repeat LESI. This request is considered medically necessary.