

<b>Case Number:</b>	CM15-0045377		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 33 year old male, who sustained an industrial injury on 7/29/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar disc herniation, sacroiliitis, lumbar radiculopathy, and myofascitis. Treatment to date has included conservative measures, including diagnostics, physical therapy, and medications. Currently, the injured worker complains of back pain, rated 4-6/10, with radiation to his left lower extremity. He was currently working full time. Lumbosacral palpation showed no areas of tenderness or spasm. Range of motion was slightly decreased with forward flexion and extension. Straight leg raise was positive on the left and FABER was positive bilaterally, right greater than left. Current medication use was not documented. The treatment plan included a lumbar epidural steroid injection. Physical therapy notes were not submitted. The PR2 report, dated 10/22/2014, noted the initiation of physical therapy and decreased pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Injection at L4-L5, L5-S1:** Upheld

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

**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 has radicular findings on exam and has not improved with therapy. However, imaging or electrodiagnostics results are not provided to support radiculopathy. In addition, the request was not mentioned to be done under fluoroscopy. Invasive procedures such as ESI do not provide lasting benefit. The request for the ESI above is not medically necessary.