

<b>Case Number:</b>	CM15-0045877		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	07/25/2005
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 69 year old male, who sustained an industrial injury on 07/25/2005. Initial complaints and diagnoses were not provided. Treatment to date has included medications, physical therapy, palliative care, x-rays (09/25/2014) and CT scans of the lumbar spine (12/06/2014), and MRI of the lumbar spine (05/08/2014). Currently, the injured worker complains of persistent low back pain radiating into the left hip and thigh. Current diagnoses include lumbar disc injury, lumbar facet arthralgia, and lumbar radiculitis on the left lower extremity. The current treatment plan consisted of continued medications, epidural steroid injection to the bilateral L5 and S1 segments, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 ESI under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, ESI's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter

'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'.

**Decision rationale:** The 69 year old patient presents with low back pain that radiates to his left hip and thigh, as per progress report dated 02/03/15. The request is for BILATERAL L5-S1 ESI UNDER FLUOROSCOPIC GUIDANCE. The RFA for the case is dated 02/03/15, and the patient's date of injury is 07/25/05. Diagnoses, as per progress report dated 02/03/15, included lumbar disc injury, lumbar facet arthralgia, and lumbar radiculitis on the left lower extremity. The pain is rated at 8/10 without medications and 6/10 with medications, as per progress report dated 11/19/14. The patient is working full time, as per progress report dated 12/10/14. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." In this case, none of the progress reports document prior ESI of the lumbar spine. As per progress report dated 02/03/15, the patient suffers from lower back pain that radiates to to left hip and thigh, and has been diagnosed with lumbar radiculitis on the left lower extremity. CT scan of the lumbar spine, dated 12/05/14, revealed mild spinal canal narrowing and mild right and severe left inferior neural foraminal narrowing at L5-S1, and mild-moderate spinal canal narrowing and mild right inferior foraminal narrowing at L2-3. However, physical examination, as per progress report dated 02/03/15, shows intact sensation and bilateral straight leg raise at 90 degrees without referral pain to lower extremities. As per progress report dated 11/20/14, straight leg raise is positive on the left but negative on the right. MTUS requires documentation of radiculopathy during physical examination. While the patient has radiculopathy on the left, there is no indication of referral pain on the right. Hence, the request for bilateral ESI IS NOT medically necessary.