

<b>Case Number:</b>	CM15-0047061		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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

Certification(s)/Specialty: Internal Medicine, 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 09/27/2013. A chiropractic visit dated 02/12/2015, reported current complaint of experiencing pain in his right wrist and lower back. The pain is rated a 2 out of 10 on the wrist and a 7 out of 10 on the lumbar back. He experiences increased pain in his lumbar spine with activities such as bathing or changing clothes. His sleep is also occasionally interrupted due to pain. Objective findings showed lumbar spine with pain during range of motion on flexion, extension and left lateral rotation. Both Kemp's and Yeoman's testing were positive on the right for increased pain in the lumbar spine. Upon palpation of the lumbar spine revealed tenderness and muscle guarding in the right paralumbar musculature. The right wrist inspection is remarkable. The clinical impression noted lumbar spine myoligamentous soft tissue injury, and right wrist strain. The patient is to remain temporarily totally disabled. The plan of care involved suggesting lumbar spinal epidural injections, pending.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Lumbar Epidural Steroid Injection (ESI) to L5-S1 #2:** 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 steroid injections Page(s): 46.

**Decision rationale:** This male patient has complained of low back pain since date of injury 9/27/13. He has been treated with chiropractic therapy, physical therapy and medications. The current request is for outpatient lumbar epidural steroid injection to L5-S1 #2. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 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. The available medical records do not include documentation that criteria (1) above has been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination. On the basis of the MTUS guidelines, a lumbar spine epidural corticosteroid injection at L5-S1 interlaminar is not indicated as medically necessary.