

<b>Case Number:</b>	CM15-0047934		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	04/10/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 46-year-old female who sustained an industrial injury on 04/10/2001. Diagnoses include facet arthropathy L3-4, L4-5, and L5-S1, lumbar radiculopathy and degenerative disc disease of the lumbar spine. Treatment to date has included medications, chiropractic sessions, epidural steroid injections, massage therapy, home exercise program, physical therapy and aquatic therapy. A physician progress note dated 02/23/2015 documents the injured worker has continued low back pain, which she rates at 8-10 out of 10. She reports she has increased low back and thoracic spine pain. Medications help with her pain. She continues with chiropractic sessions, which also help with her pain. She has pain across her lower back that radiates to her left lower extremity down to the left ankle; she also has an increase in swelling in the left hip as well as cramping in her left thigh. The injured worker get dramatic relief and with the epidural injections and she would like to continue receiving transforaminal epidural steroid injections at left L5-S1 so as to avoid surgery. Treatment requested is for 1 set of transforaminal epidural injections on the left targeting the L5 and S1 roots.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 set of transforaminal epidural injections on the left targeting the L5 and S1 roots: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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 electro-diagnostic 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 the therapeutic phase. We recommend no more than 2 ESI injections. There is no evidence of ongoing Home exercise program or other rehab. The patient's most recent ESI in 7/14 was documented on 7/30/14 to not be effective. As such, the request 1 for set of transforaminal epidural injections on the left targeting the L5 and S1 roots is not medically necessary.