

<b>Case Number:</b>	CM15-0055147		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	05/11/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 29 year old female who sustained a work/ industrial injury on 5/11/14. She has reported initial symptoms of the upper back, low back, right hip, thigh, and leg pain. The injured worker was diagnosed as having sprain/strain of lumbar spine, thoracic spine, and hip and thigh. Treatments to date included medication, chiropractic care, physical therapy, and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Magnetic Resonance Imaging (MRI) was performed on 5/20/14. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 9/4/14. Currently, the injured worker complains of back pain with right leg numbness and tingling that has not improved. Anxiety and depression are also noted. The treating physician's report (PR-2) from 3/9/15 indicated pain was rated 7/10. Straight leg raise (SLR) was positive on the right, gait was antalgic, spasms were palpated in the bilateral lumbar region, and strength was diminished in the right lower extremity. Treatment plan included Right L4-L5 and L5-S1 transforaminal epidural steroid injection times one (with plan for series of up to 3 injections at 1-2 week intervals) and pain management follow up after lumbar transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4, L5 and S1 transforaminal epidural steroid injection times one: Upheld**

**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(s): 46.

**Decision rationale:** Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications); the patient's record does not adequately reflect documented unresponsiveness to conservative modalities. The MTUS clearly states that 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. If epidural injections are to be utilized as a therapeutic modality, no more than two injections are recommended, and repeat injections 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. The note dated March 10, 2015 indicates a plan for injections in 1-2 week intervals (up to 3 injections), which is not consistent with the recommendations of the MTUS. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, the request for the request for steroid injections is not supported by the provided documents, and therefore not medically necessary.

**Pain management follow up after lumbar transforaminal epidural steroid injection:**  
Upheld

**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(s): 46.

**Decision rationale:** Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications); the patient's record does not adequately reflect documented unresponsiveness to conservative modalities. The MTUS clearly states that 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. If epidural injections are to be utilized as a therapeutic modality, no more than two injections are recommended, and repeat injections 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. The note dated March 10, 2015 indicates a plan for injections in 1-2 week intervals (up to 3 injections), which is not consistent

with the recommendations of the MTUS. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, the request for the request for steroid injections is not supported by the provided documents, and therefore is not considered medically appropriate. As the request for epidural steroid injections is not considered appropriate, the request for follow up after injections is not medically necessary at this time.