

<b>Case Number:</b>	CM15-0056758		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/19/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 55-year-old male, with a reported date of injury of 12/19/2004. The diagnoses include lumbar discogenic pain, lumbosacral radiculopathy with L4-5 and L5-S1 disc disease, and mid-back pain with possible thoracic disc disease. Treatments to date have included oral medications, bilateral L4-L5 transforaminal epidural steroid injections, a cane, and an MRI of the lumbar spine. The progress report dated 11/08/2013 indicates that the injured worker continued to have significant pain in the low back and legs. It was noted that the injured worker was not improving despite conservative measures. The injured worker wished to do the lumbar epidural steroid injections since they provided very good benefit in the past. The objective findings include an antalgic gait, limited lumbar range of motion, tenderness to pressure of the bilateral paraspinal, positive bilateral straight leg raise test, decreased sensation over the right S1 and the left L5 and S1 dermatomes, and positive muscle tightness in the upper lumbar to mid-thoracic region bilaterally. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested bilateral L4-L5 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 transforaminal epidural steroid injection:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** This 55 year old male has complained of low back pain since date of injury 12/19/04. He has been treated with physical therapy, medications and epidural steroid injections. The current request is for bilateral L4-5 transforaminal epidural steroid injection. 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 the therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria (7) above has been met. Specifically, the available provider notes do not include documentation of a decrease in medication use after the last epidural steroid injection. Based on the available medical records and per the MTUS guidelines cited above, the request for a bilateral L4-L5 transforaminal epidural steroid injection is not indicated as medically necessary.