

<b>Case Number:</b>	CM15-0061075		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Iowa

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 63 year old, male who sustained a work related injury on 1/4/11. The diagnoses have included lumbar radiculopathy, lumbar degenerative disc disease, lumbar spondylolisthesis, lumbosacral strain/sprain and sciatica. Treatments have included electrodiagnostic studies, MRIs, lumbar epidural steroid injection, medications, and physical therapy. In the Pain Management Consultation Report dated 2/26/15, the injured worker complains of lower back pain of 7/10 severity. He complains of bilateral leg pain that radiates up to low back of 7-8/10 severity. He states medications have helped this pain. He states his legs feel weak. The lumbar epidural steroid injection he received on 2/15/15 gave him 40-50% pain relief that lasted 6 months. The treatment plan is a recommendation for a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Lumbar Transforaminal Epidural Steroid Injection at Right L5-S1 (lumbar sacroiliac): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Epidural steroid injections (ESIs) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** According to MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain and can provide short term pain relief in conjunction with other rehab efforts, including a home exercise program. The guidelines state the radiculopathy must be documented by physical examination, corroborated by imaging studies and/or electrodiagnostic testing, and the patient should be initially unresponsive to conservative treatment. A maximum of two injections should be performed, with the second used only if there is inadequate response to the first injection. Applicable additional criteria for this case includes: 1) Injections should be performed using fluoroscopy (live x-ray) for guidance; 2) 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; 3) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. Recommend no more than 2 ESIs. Medical documentation indicates that following two injections in 2013, the patient had approximately 50% reduction in pain and was off medication for about 6 months. The patient has since been placed back on medication and has had a return in pain. Although no more than 2 ESIs are recommended, given the patient had adequate response to previous injections this would be considered in the therapeutic phase and another injection may be helpful. However, the UR modified the request to include that the injection be performed under fluoroscopy. This is consistent with guidelines and should be followed, but the original request did not include this information. Therefore, the request for repeat lumbar transforaminal epidural steroid injection at Right L5-S1 is not medically necessary at this time.