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| <b>Case Number:</b>   | CM15-0063045 |                              |            |
| <b>Date Assigned:</b> | 04/09/2015   | <b>Date of Injury:</b>       | 08/14/2013 |
| <b>Decision Date:</b> | 05/08/2015   | <b>UR Denial Date:</b>       | 03/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2015 |

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 56-year-old female, who sustained an industrial injury on 08/14/2013. She reported injuries secondary to involvement in a motor vehicle accident. The injured worker was diagnosed as having chronic low back pain to the left buttock, calf, thigh, and dorsal foot pain; chronic left sided neck pain with left trapezial pain; cervical spine stenosis; and lumbar stenosis at lumbar four to five and annular tear at lumbar five to sacral one. Treatment to date has included physical therapy, medication, work modification, x-rays of the cervical spine, multiple cervical epidural steroid injections, magnetic resonance imaging of the lumbar spine, and rest. In a progress note dated 02/19/2015 the treating physician reports complaints of low back pain that radiates to the right leg with associated numbness and tingling. The treating physician requested a lumbar epidural steroid injection at lumbar five to sacral one noting that the injured worker has tried conservative treatment with physical therapy, medication, work modification, and rest with known disc herniation at lumbar five to sacral one that was associated to be the cause of the injured worker's low back and right leg pain. The treating physician also noted that the injured worker has responded well to cervical epidural steroid injection and feels that she will respond well to 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:

**Translaminar epidural steroid injection at L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: 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. 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. In this case, the claimant had a prior MRI that showed S1 nerve root compression. Physical exam findings noted a positive straight leg raise indicating radiculopathy. The request for a lumbar ESI is appropriate and medically necessary.