

<b>Case Number:</b>	CM15-0080341		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	04/17/2009
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: North Carolina

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 51 year old male who sustained an industrial injury on 04/17/2009. The injured worker was diagnosed with lumbar sprain/strain, sacroiliitis of the bilateral sacroiliac (SI) joints, lumbar radiculitis/radiculopathy of the left lower extremity, and failed lumbar surgery. Treatment to date includes lumbar magnetic resonance imaging (MRI) in August 2014, cervical spine magnetic resonance imaging (MRI) in October 2014, caudal epidural steroid injection (ESI) in October 2014, surgery, acupuncture therapy, chiropractic therapy, physical therapy, conservative measures and medications. The injured worker is status post lumbar microdiscectomy in March 2011 and lumbar spine fusion, L3-S1 in October 2012. According to the primary treating physician's progress report on March 16, 2015, the injured worker continues to experience low back pain with severe muscle spasm with progressive limited range of motion to the lumbar spine with radiation to the left leg and over the bilateral buttocks and thighs with numbness and tingling. The injured worker rates his pain level at 8/10 with flare-ups at 9/10. Examination of the lumbar spine demonstrated paraspinal muscle spasm on deep palpation with reproducible pain level at 8/10 and corresponding L4-L5 dermatomes over the lumbar spinous process. Examination also noted severe sacroiliac (SI) joint inflammation. The injured worker ambulates with a mild limp and heel to toe gait is performed with difficulty. There is decreased range of motion in all planes with motor and sensation intact. Current medications are listed as Norco, Gabapentin, Ambien, stool softeners, topical analgesics and Omeprazole. Treatment plan consists of Duragesic patches, bilateral sacroiliac (SI) joint injections and the current request for a left L4-L5 transforaminal epidural steroid injection (ESI) under fluoroscopic guidance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Lumbar L4-L5 Transforaminal Epidural Steroid Injection Under Fluoroscopic Guidance (64483 64484 76000): 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:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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 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 therapeutic phase. We recommend no more than 2 ESI injections. The provided clinical documentation for review meets criteria as cited above and therefore the request is certified and is medically necessary.