

<b>Case Number:</b>	CM15-0080592		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	05/26/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/10/2015
<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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 32 year old female patient who sustained an industrial injury on 05/26/2014. The initial acute complaint noted with abrupt onset of low back pain that radiated into the right lower extremity. A primary treating office visit dated 11/11/2014 reported the patient with subjective complaint of feeling a decreased pain level after having had therapy treatments that lasts about 5 days. The following diagnoses are applied: herniated nucleus pulposus lumbar spine, and my fasciitis. The plan of care involved: pain management evaluation, and continue with additional physical therapy. She is to remain off from work until 12/31/2014. Previous treatment to include: chiropractic and physiotherapy. She was diagnosed with herniated nucleus pulposus lumbar spine with radiculopathy. A secondary treating office visit dated 03/20/2015 reported the patient with present subjective complaint of ongoing low back pain and stiffness. The pain radiates on occasion to the right lower extremity with numbness and tingling sensations. She has significant difficulty with activities of daily living. Current medications showed Omeprazole. Diagnostic impression noted lumbar disc herniation, and lumbar radiculopathy on the right. The plan of care involved: recommending an epidural steroid injection, started on Tramadol 50mg up to four times daily, as well as Robaxin, and also to consider the addition of Neurontin or Gabapentin. She is to follow up in two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **2 visits lumbar epidural steroid injection right L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Online Version, updated 3/24/15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic.

**Decision rationale:** Selective nerve root blocks are also known as epidural transforaminal injection. MTUS states, 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. MTUS states, "A second block is not recommended if there is inadequate response to the first block." Guidelines state that following the first block continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks would need to be provided to support a second injection. The medical records provided do not include this finding. As such, the request for 2 visits lumbar epidural steroid injection right L5-S1 is not medically necessary.