

<b>Case Number:</b>	CM15-0089772		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 54 year old male who sustained a work related injury July 18, 2011. Past history included hypertension, lumbar spine surgery 1987, 2005, 2012, spinal cord stimulator implant 2013, and donor nephrectomy 2007. According to a treating physician's progress report, dated April 27, 2015, the injured worker presented for follow-up with medication. He completed a right L4, L5 and S1 transforaminal epidural steroid injection on March 31, 2015, reporting an 80% pain relief for three weeks. He is complaining of low back pain, rated 7/10, with radiation to the bilateral lumbar musculature. The pain radiates to the bilateral hip and sacroiliac region with bilateral lower extremity pain, right greater than left. The pain radiates into the posterior extremity ending at the knee on the left and progressing into the foot on the right, and is associated with a loss of sensation in the right foot, weakness, and discomfort. Assessment is documented as post-laminectomy syndrome, lumbar region; arachnoiditis; lumbar spondylosis; muscle spasm. Treatment plan included a request for authorization of a right lumbar transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Lumbar Transforaminal Epidural Steroid Injection at L4-5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection 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 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. Previous ESI have not provided a documented 50% reduction in pain lasting a minimum of 6-8 weeks with medication usage reduction. Therefore the request is not medically necessary.