

<b>Case Number:</b>	CM15-0245582		
<b>Date Assigned:</b>	12/28/2015	<b>Date of Injury:</b>	09/29/2009
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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:

This 52 year old male sustained an industrial injury on 9-29-09. Documentation indicated that the injured worker was receiving treatment for lumbar disc disease, mechanical low back pain, lumbar radiculopathy, and sciatica. Previous treatment included "multiple" back surgeries, physical therapy, activity modification, rest, and medications. In an encounter dated 10-27-15, the injured worker complained of "severe" back pain and leg pain. The injured worker reported that his lower extremity pain had increased for the last two months and that his sciatic pain had also increased. The injured worker stated that physical therapy was helping. Medications also helped to decrease his "severe" pain, however, he was having difficulty obtaining his medications. The injured worker injured worker stated he was happy overall with the outcome of his surgery. Physical exam was remarkable for lumbar spine with "painful and decreased" range of motion, left lower extremity motor strength 3 out of 5 at the quadriceps, extensor hallucis longus and flexor hallucis longus and positive bilateral straight leg raise. The physician recommended continuing home exercise, pool physical therapy three times a week for six weeks, medications (Neurontin and Percocet), updated magnetic resonance imaging lumbar spine, lumbar epidural steroid injections at L2-S1 and revision lumbar fusion at L1-2. On 11-18-15, Utilization Review non-certified a request for lumbar epidural steroid injections L2-S1 bilaterally x 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection, L2-S1, bilaterally x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural steroid injections (ESIs).

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has shown that, on average, less than two injections are required for a successful ESI outcome. ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs 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. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. CAMTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the patient has reported improvement in his back symptoms with physical therapy and medications. Medical necessity for the requested services have not been established. The requested lumbar epidural steroid injection, L2-S1, bilaterally x 2 are not medically necessary.