

<b>Case Number:</b>	CM14-0139439		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/04/2007
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 female with a date of injury of 6/4/2007. Diagnoses include lumbosacral spondylosis, lumbago, and lumbosacral radiculitis. Subjective complaints are of left low back and leg pain. The patient is status post lumbar epidural injection on 7/29/13 with a reported 70% improvement in symptoms. Physical exam shows lumbar pain with extension and tenderness over the paralumbar muscles and facet joints. Straight leg raise test was equivocal bilaterally. A lumbar MRI from 2008 showed L5-S1 disc desiccation, disc protrusion at S1, and L4-S1 facet arthropathy. Electrodiagnostic studies (EMG/NCS) from 9/5/2013 showed evidence suggestive of left S1 radiculopathy. The request is for repeat epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Repeat left L5 transforaminal epidural steroid injection: Upheld**

**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 ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, ESI

**Decision rationale:** The California MTUS notes that the purpose of epidural steroid injection (ESI) is to reduce pain and inflammation and restore range of motion, thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. For diagnostic purposes, a maximum of two injections can be performed if there is an adequate response to the first block. An inadequate response (ODG ESI chapter) of less than 30% would not warrant a second ESI. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. This patient had a previous injection that demonstrated pain relief, but the request for an additional injection was within several weeks of the first injection. Therefore, a repeat epidural injection is not consistent with guideline recommendations of waiting 6 to 8 weeks, and the medical necessity is not established at this time.

**1 Repeat left S1 transforaminal epidural steroid injection:** Upheld

**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 ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, ESI

**Decision rationale:** The California MTUS notes that the purpose of epidural steroid injection (ESI) is to reduce pain and inflammation and restore range of motion, thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. For diagnostic purposes, a maximum of two injections can be performed if there is an adequate response to the first block. An inadequate response (ODG ESI chapter) of less than 30% would not warrant a second ESI. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. This patient had a previous injection that demonstrated pain relief, but the request for an additional injection was within several weeks of the first injection. Therefore, a repeat epidural injection is not consistent with guideline recommendations of waiting 6 to 8 weeks, and the medical necessity is not established at the time.