

<b>Case Number:</b>	CM14-0163435		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Colorado. 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:

31year old male injured worker has a date of injury 10/28/13 with related mid-back pain. Per progress report dated 9/16/14, the injured worker complained of pain at the mid-thoracic spine radiating to the bilateral buttock region in the bilateral lower extremities including the bilateral feet left greater than right. Per physical exam, the injured worker was capable of heel/toe walking, straight leg test was positive on the left, weakness was noted on the left extensor hallucis longus and on the left anterior tibia. Tenderness to palpation was noted about the lumbar spine, right sacroiliac area, and left L1-L5. MRI of the lumbar spine dated 1/2/14 revealed an L4-L5 disc desiccation with a central annular tear superimposed on a complex disc osteophyte resulting in borderline lateral access narrowing and mild neural foraminal stenosis. Changes are acute and chronic. Findings also revealed L5-S1 for left lateral disc osteophyte complex and facet encroachment resulting in neural foraminal stenosis, left greater than right, changes appear more chronic. Treatment to date has included physical therapy and medication management. The date of UR decision was 9/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 researches do not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review did contain findings of weakness; however, there was no mention of sensation deficit or absent reflexes to establish radiculopathy. The MRI findings did document stenosis, however, as the request does not specify what level the procedure is to be performed on, medical necessity cannot be affirmed.