

<b>Case Number:</b>	CM14-0165879		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/10/1977
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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:

84y/o male injured worker with an injury date of 3/10/77 with related neck and back pain. Per progress report dated 9/4/14, the injured worker reported lower back pain that radiated to the bilateral hips and posterior thighs. Per physical exam, there was limitation of motion in the lumbar spine and tenderness over the lumbar area. Dermatomal pattern of tenderness was noted at the level of L5 and S1 bilaterally. MRI (date unknown) revealed diffuse spondylosis/DDD that resulted in central and foraminal narrowing. Treatment to date has included physical therapy, injections, and medication management. The date of UR decision was 9/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral S1 lumbar transforaminal epidural injection x2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections; criteria fo the use of epidural stero.

**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 research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per progress report dated 9/4/14, it is indicated that the injured worker recently underwent bilateral lumbar transforaminal epidural at S1 with 50-80% relief for 1-2 months. He was unable to complete the series due to Coumadin therapy after having DVTs. He has since discontinued the medication, and returned with similar pain in the lower back radiating to the bilateral hips and posterior thighs. As the MTUS does not support a series of three injections, the request for two additional injections is not medically necessary. It should be noted that the UR physician has certified a modification of the request for one injection.