

<b>Case Number:</b>	CM14-0099428		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 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 53-year-old male with a reported date of injury on 04/09/2009. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar sprain, lumbar canal stenosis, and lumbar radiculopathy. His previous treatments were noted to include medications, TENS, chiropractic treatment, and physical therapy. The progress note dated 05/02/2014 revealed complaints of pain to the upper back, mid back, lower back bilaterally, left knee, right knee, left foot, and right foot. The injured worker described his pain as aching, pins and needles, sharp, shooting, and soreness. The injured worker rated his pain 6/10 and reported when under control it was rated 3/10. It said the injured worker could live with a pain level of 0/10. The physical examination of the lumbar spine noted a restricted range of motion with flexion, right lateral bending, left lateral bending, and lateral rotation to the left, and lateral rotation to the right. The movements were flexion and lateral bending and lateral rotation. The examination of the paravertebral muscles noted hypertonicity, spasm, tenderness, and tight muscle band was noted on both sides. The ankle jerk was noted 1/4 on both sides and the patella jerk was 1/4 on both sides. The straight leg raise test was positive bilaterally, as well as the FABER test. The sensory examination revealed pain sensation over the bilateral lower extremities. The motor strength testing to the hip rated grade 4 noted full range of motion with decreased strength, the quadriceps knee extension grade 4 was full range of motion with decreased strength, and the gastrocnemius ankle plantarflexion muscle strength was grade 4 and full range of motion with decreased strength. The provider indicated a review of the MRI of the lumbar spine showed L5 nerve root entrapment and herniation of the L5-S1 disc. The Request for Authorization form was not submitted within the medical records.

The request was for a bilateral L5-S1 transforaminal epidural steroid injection x 3, one every month for 3 months as an outpatient for radicular leg pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral L5-S1 Transforaminal Epidural Steriod Injection x3 one every month for three months outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC) Low Back, Therapeutic Lumbar Epidural Steroid Injections.

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

**Decision rationale:** The Expert Reviewer's decision rationale: The request for bilateral L5-S1 transforaminal epidural steroid injection x 3, one not every month for 3 months outpatient is medically necessary. The injured worker complains of low back pain that radiates to the lower extremities. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guideline's criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants). The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. There should be no more than 2 nerve root levels injected using transforaminal blocks and no more than 1 interlaminar level should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either diagnostic or therapeutic phase. The guidelines recommend no more than 2 epidural steroid injections. There is a lack of documentation regarding significant neurological deficits, such as decreased sensation in a specific dermatomal distribution. There was a positive straight leg raise noted and decreased motor strength to a specific myotomal distribution and decreased deep tendon reflexes, as well as the MRI noted L5 nerve root entrapment and herniation of the L5-S1 disc; however, due to the lack of significant neurological deficits, such as decreased sensation in a specific dermatomal distribution, an epidural steroid injection is not appropriate at this time. Additionally, the guidelines do not support a series of 3 and, therefore, the request for 3 injections, one every month for 3 months exceeds guideline recommendations. Therefore, the request is not medically necessary.