

<b>Case Number:</b>	CM14-0123693		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old male sustained an industrial injury to the low back on 3/4/13. Previous treatment included lumbar laminectomy at L4-5 and L5-S1, physical therapy, epidural steroid injections and medications. Magnetic resonance imaging lumbar spine (1/30/14) showed diffuse disc bulge contacting bilateral L5 nerve roots without compression and moderated L4-5 foraminal narrowing. The injured worker underwent epidural steroid injections at L4-5 on 4/1/15 and L5-S1 on 6/17/14. In a progress note dated 4/16/14, reported having only low back pain without leg pain. The injured worker reported that pain was better with injections. No further response to epidural steroid injections was documented. Current diagnoses included lumbar spine degenerative disc disease. On 7/22/14, a request for authorization was submitted for lumbar epidural steroid injections times three.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI X3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIS).

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

**Decision rationale:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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. 8) No more than 2 ESI injections. The injured worker received epidural steroid injections to the lumbar spine on 6/17/14. There was one follow-up progress note that states the patient had some relief of pain and increased function, however the extent of the relief was not quantified. There are no additional follow-up progress notes available for review to determine the extent of relief or the time period that relief was provided. The request for Lumbar ESI X3 is determined to not be medically necessary.

**Fluroscopy X 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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. 8) No more than 2 ESI injections. The injured worker received epidural steroid injections to the lumbar spine on 6/17/14. There was one initially immediate follow-up progress note that states the patient had some relief of pain and increased function, however the extent of the relief was not quantified. There are no additional follow-up progress notes available for review to determine the extent of relief or the time period that relief was provided. The request for Lumbar ESI X3 was determined to not be medically necessary, therefore the request for accompanying fluoroscopy

is also determined to not be medically necessary.