

<b>Case Number:</b>	CM14-0210842		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	06/01/2014
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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: Physical Medicine & Rehabn

### 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 patient is a 58 year old male with an injury date of 06/01/14. As per progress report dated 11/18/14, the patient complains of piercing back pain and bilateral leg pain. The patient ambulates with an assistive device. Physical examination reveals that the pain is diffuse and mainly located in the mid-thoracic and lower lumbar region. There is moderate tenderness in the lumbar spine. The range of motion is painful with flexion at 20 degrees and extension at 15 degrees. The seating straight leg raise test is positive bilaterally. In progress report dated 10/15/14, the patient complains of numbness while standing or walking for long periods of time. The patient is also having symptoms of neurogenic claudication associated with L4-5 and L3-4 stenosis. The patient had physical therapy but it did not help, as per progress report dated 09/17/14. Medications, as per progress report dated 08/20/14, included Norco, Naproxen and Flexeril. The patient is temporarily totally disabled, as per progress report dated 11/18/14. MRI of the Lumbar Spine, 07/14/14:- Grade I anterolisthesis of L4 upon L5 secondary to moderate to severe hypertrophic facet degenerative change- Multifactorial moderate to severe central canal stenosis at L4-5- Moderate to severe bilateral neural foraminal narrowing at with apparent impingement upon the undersurfaces of the L4 nerve roots- Mild to moderate multifactorial central canal stenosis at L3-4- Mild to moderate bilateral neural foraminal narrowing at L3-4 Diagnoses, 11/18/14:- Degeneration of thoracic intervertebral disc- Degeneration of intervertebral disc- Spinal stenosis of lumbar region- Neurogenic claudication- Degenerative spondylolisthesis The treater is requesting for INTERLAMINAR LUMBAR ESI AT L4-5. The

utilization review determination being challenged is dated 11/26/14. Treatment reports were provided from 06/02/14 - 11/18/14.

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

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

#### **Interlaminar lumbar ESI at L4-5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Epidural steroid injections (ESIs), therapeutic

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46 and 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs)

**Decision rationale:** The patient complains of piercing back pain and bilateral leg pain rated at 6/10, as per progress report dated 11/18/14. The request is for Interlaminar Lumbar ESI AT L4-5. The patient is 2 weeks status post caudal ESI, as per the same progress report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. "In this case, the patient has low back pain with neurogenic claudication. He has been diagnosed with spinal stenosis of the lumbar region and degenerative spondylolisthesis. An MRI of the lumbar spine dated 07/14/14 supports this diagnosis. The patient had received a caudal ESI 2 weeks prior to 11/18/14 progress report. The procedure, however, only led to minimal improvement with the pain level reducing from 7/10 to 6/10. The treater states that the patient can only walk for 200 m before taking a break. Unlike the past, he cannot stand and cook meals any longer. In spite of failure of the prior caudal ESI, the treater seeks to proceed with another injection at L4-5. "If he again fails to get much improvement from this we will further discuss surgery," says the treater in the same progress report. ODG guidelines allow for 2 injections during the initial

"diagnostic phase." Since the patient has only received a caudal ESI, another injection at L4-5 is reasonable. This request for Interlaminar lumbar ESI at L4-5 is medically necessary.