

<b>Case Number:</b>	CM14-0211579		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	09/24/2008
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: Colorado

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

54 year old female with date of injury 9/24/2008 continues care with the treating physician. Patient has long history of low back pain issues following injury and participated in physical therapy and medication management for years. She also underwent Microdiskectomy April 2009 which did not alleviate much of her pain. Patient reported being relatively stable until late 2014 when she started having more back pain and recurrent radiation of pain into buttocks / legs. Patient started taking Motrin again which helped some, but symptoms persisted, so patient was evaluated by Physical Medicine and treating physician. Updated MRI 10/25/2014 showed new reactive marrow edema caused by degenerative disc changes at L5-S1, and physical findings 11/18/2014 confirmed decreased sensation L4-S1 dermatomes. Treating physician requests L5-S1 epidural steroid injection for pain relief / relief of new radicular symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection at L5-S1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Treatments and Interventions Page(s): 46.

**Decision rationale:** Per the MTUS, Epidural Steroid Injections are recommended as an option for treatment of radicular pain. Current guidelines indicate no more than 2 epidural steroid injections are generally needed to achieve some relief of lumbosacral pain, and no evidence suggests relief is lasting. If initial epidural steroid injection does not provide at least 50% reduction in pain as well as some improvement in function, then additional injections are not indicated. Because pain relief is short term and no long term effects on function have been identified, epidural steroid injections are recommended as part of a program including other therapies such as exercise program. There is insufficient evidence to recommend cervical epidural steroid injections to treat cervical radicular pain. Per MTUS Guidelines, the following criteria should be used to determine which patient may benefit from epidural steroid injection:

- 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.
- 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the patient of concern, the diagnostics in the records and the physical findings on examination confirm radiculopathy at L5-S1. Patient has had multiple therapies in the past without relief, and has new onset radiculopathy that meet criteria for epidural steroid injection. The request for L5-S1 Epidural Steroid Injection is deemed medically necessary.