

<b>Case Number:</b>	CM14-0215003		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 injured worker is a 45-year-old male, with a reported date of injury of 05/03/2012. The results of the injury were left ankle pain, left knee pain, and low back pain. The current diagnosis includes lumbar disk herniations and lumbar radiculopathy. The past diagnoses include lumbar radiculopathy, low back pain, lumbosacral sciatica syndrome, lumbar spine herniated nucleus pulposus, and lumbar regional spinal canal stenosis. Treatments have included transdermal patches; medications; nerve conduction velocity of the lumbar spine and lower extremities on 02/26/2014, with normal findings; an MRI of the lumbar spine on 08/08/2014, which showed disc desiccation at L4-5 and L5-S1, reduced intervertebral disc height at L5-S1, grade 1 retrolisthesis of L4 over L5, and grade 2 anterolisthesis of L5 over S1; and trigger point impedance imaging times five (5). The initial pain management consultation report dated 10/15/2014 indicates that the injured worker complained of ongoing low back pain and stiffness. The pain radiated to hips, buttocks, and lower extremities to the feet, with numbness, tingling, and weakness. The injured worker was unable to sit for more than 15-30 minutes, or stand for more than 15-30 minutes, before the pain increased. He had difficulty bending forward, backwards, side-to-side, as well as driving for prolonged periods of time. The injured worker had difficulty sleeping and was awakened at night due to pain and discomfort. He rated his back pain a 7-9 out of 10. The physical examination of the lumbar spine showed tenderness to palpation over the lumbar paravertebral area, with moderate spasm; tenderness over the paraspinous muscles over the lumbar spine; and decreased range of motion. The treating physician requested a series of two (2) lumbar epidural steroid injections at L5-S1 due to the

severe nature of the injured worker's complaints and significant findings. On 11/26/2014, Utilization Review (UR) provided a modified certification for two (2) lumbar epidural steroid injections at L5-S1. The UR physician noted that the injured worker's objective findings showed decreased sensory along the dermatomal patterns, and an MRI study on 12/03/2013, which showed foraminal stenosis and disc herniation at the L5-S1 levels. The UR physician provided certification for one (1) epidural steroid injection. The Chronic Pain Guidelines were cited.

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

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

#### **2 Lumbar epidural steroid injections at L5-S1: Upheld**

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

**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. The documentation submitted for review support the request for lumbar epidural steroid injection. There was documentation of diminished sensation to pinprick and light touch over the L4, L5 and S1 dermatomes in the left lower extremity, as well as decreased motor strength. MRI of the lumbar spine dated 12/3/13 revealed foraminal stenosis and disc herniations at the L5-S1 levels. However, request for two injections is not medically necessary.