

<b>Case Number:</b>	CM14-0217006		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	03/13/1998
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

The injured worker is a 69year old woman with a work related injury dated 3/13/1998 resulting in chronic neck and back pain. The patient has a diagnosis of severe osteoporosis with a history of multiple vertebral compression fractures, status post lumbar fusion and failed back surgery. The patient was evaluated on 11/12/14 by the primary treating physician. The exam showed decreased reflexes of the lower extremities with nonspecific sensory deficits with muscle strength 4/5. MRI of the lumbar spine done 2/6/14 showed degenerative disc disease with facet arthropathy and post operative changes, canal stenosis at L2-3 and L3-4 with nueral foraminal narrowing at L2-3 and L3-4. The patient couldn't tolerate electrical studies. CT of the lumbar spine done 3/14 showed non healing bone graft of the spine. Under consideration is the medical necessity of transforaminal epidural injection of L3-4 and L4-5 which was denied during utilization review dated 12/26/14 as not medically appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right transforaminal epidural injection to lumbar spine at L3-4, L4-5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 46.

**Decision rationale:** According to the MTUS, recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of ESI is 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). Injections should be performed using fluoroscopy 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. 5) No more than two nerve root levels 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. According to the ACOEM chapter on low back, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. In this case the patient was unable to have electrical testing and the imaging studies did not confirm a herniated disc, the documentation does not support that she is concurrently participating in rehab efforts. The ESI is not medically necessary.