

<b>Case Number:</b>	CM15-0003609		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: New Jersey  
 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:

The injured worker is a 44 year old female who sustained an industrial injury on 9/23/2013 after falling off of a ladder, landing on her feet. She has reported low back pain. The diagnoses have included lumbar strain, herniated lumbar disc, lumbar radiculopathy and lumbar pain. Treatment to date has included physical therapy, epidural steroid injections and medication management. Currently, the IW complains of lumbar pain. On 12/2/14, she complained of right radicular pain with some weakness and numbness in her right leg. She reported an 85% reduction in her pain with prior epidural injection, but the pain had returned. Physical findings included decreased sensation of L4-S1 (distribution), positive straight leg raise. Treatment plan included a transforaminal epidural steroid injection for right L5-S1, continue gabapentin, continue naproxen, and work restrictions. She was also recommended to continue her home exercises. On 12/08/2014, Utilization Review non-certified a transforaminal epidural steroid injection for right lumbar 5 to sacral 1, noting the lack of functional improvement and medical necessity. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection at right L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. 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. 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, and 8. Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was some information submitted that was supportive of radiculopathy (physical examination and subjective complaints). The worker had undergone at least two epidural injections over the months prior for her with some reported reductions in pain 85%+. However, it was not clear as to how long this pain reduction lasted following both injections and if it led to the worker using less medication as this was not discussed in the progress notes submitted for review. Without a more clear report on her previous injections and the duration of effect, the new request for an epidural injection at right L5-S1 will be considered medically unnecessary.