

<b>Case Number:</b>	CM15-0011365		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: 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 was a 53 year old male, who sustained an industrial injury, on February 13, 1987. The injured workers chief complaint was progressive worsening low back and bilateral shoulder and bilateral lower extremity radiating pain. The injured worker was diagnosed with L4-L5 posterior annular fissure and circumferential 3mm disc bulge and facet and ligamentum flavum hypertrophy and mild spinal stenosis, bilateral mid lateral recess narrowing and bilateral mild to moderate foraminal narrowing, L5-S1 epidural lipomatosis with diffusely narrow caliber of thecal sac, L3-L4 mild facet and ligamentum hypertrophy and chronic low back pain. The injured worker previously received the following treatments laboratory studies, physical therapy, chiropractic care, epidural injections and heart therapy. According to progress note of December 10, 2014, the injured worker was complaining of low back pain with radiation into bilateral lower extremities, left medial foot pain and bilateral shoulder pain. The pain was described as pressure, tingling, numbness, throbbing, radiating, tender, crushing, burning, string, stabbing and dull. There was associated numbness in the posterior calves, weakness of the lower extremities, pins and needles, and muscle spasms. On December 10, 2014, the primary treating physician requested authorization for Bilateral L4-5 transforaminal epidural injection times 2 for the relief of axial back pain. On December 26, 2014, the utilization review denied authorization for Bilateral L4-5 transforaminal epidural injection times 2. The utilization Reviewer referenced MTUS and ODG guidelines for the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5 Transforaminal Epidural Steroid Injection X2: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**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. MRI of the lumbar spine dated 6/25/14 revealed at L4-L5: posterior annular fissure and circumferential 3mm disc bulge. Facet and ligamentum flavum hypertrophy and mild spinal stenosis, bilateral mild lateral recess narrowing, and bilateral mild to moderate foraminal narrowing. Per physical exam it was noted that the injured worker experienced numbness in the posterior calves, weakness of the lower extremities, pins and needles sensation, and muscle spasms of the lower extremities. The UR physician's rationale for denial was not available for review. The documentation submitted for review meets the criteria for the request. The request is medically necessary.