

<b>Case Number:</b>	CM15-0110941		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	08/23/2009
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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  
 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 52 year old male injured worker suffered an industrial injury on 08/23/2009. The diagnoses included chronic myofascial pain syndrome to the cervical and thoracic spine that was moderate to severe, lumbosacral radiculopathy. The diagnostics included lumbar magnetic resonance imaging and computerized tomography of the sacrum. The injured worker had been treated with On 4/27/2015 the treating provider reported constant neck, upper and lower back pain rated 8/10 without medications and 3/10 with medications. The trigger point injections decreased the pain as well. On exam the cervical and thoracic spine range of motion were slightly restricted. There were multiple myofascial trigger points throughout the entire spine. The straight leg raise was positive. The treatment plan included Lumbar Epidural Steroid Injection and Follow up in 6 weeks.

### 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 level:** Overturned

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines have established criteria for the use of Epidural steroid injections: These criteria are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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. In this case, while the request for an ESI was initially non-certified, an appeal is documented in the records (dated 5/30/2015). The reviewer in the appeal noted that the patient had documented physical examination findings consistent with an L4-5 radiculopathy along with confirming electro physiologic studies. An MRI dated 2/27/2015 showed degenerative disc disease in this same area. The conclusion of the 5/30/2015 appeal was to certify the LESI at the L5 level; and I agree. There is sufficient evidence in support of the use of a lumbar epidural steroid injection at the L5 level. Therefore, the request is medically necessary.

**Follow up in 6 weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines describe the criteria that must be met in order to consider an epidural steroid injection as a medically necessary treatment. In this case, it has been determined that the patient met the MTUS criteria for a Lumbar ESI to be performed. The MTUS guidelines also include recommendations for follow-up assessment of the ESI. These guidelines state the following: "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." As the above cited guidelines suggest, a follow-up six to eight weeks post-procedure is appropriate to document the impact of this intervention on the patient's pain and functional status. For this reason, a follow up appointment in six weeks is medically necessary, appropriate and consistent with the above-cited MTUS guidelines.