

<b>Case Number:</b>	CM15-0111532		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/26/2015
<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: Emergency 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:

This 33-year-old male sustained an industrial injury to the low back on 8/22/13. Previous treatment included magnetic resonance imaging, physical therapy and medications. Magnetic resonance imaging lumbar spine (2013) showed L3-4 and L4-5 disc degeneration. The injured worker underwent bilateral L4-5 and L5-S1 selective root nerve block on 4/20/15. In a PR-2 dated 5/5/15, the injured worker noted 50% reduction in pain for his lower back and lower extremity following epidural steroid injection. At the time of exam, the injured worker's pain had returned to baseline. The injured worker complained of low back pain with radiation to bilateral legs, rated 6-7/10 on the visual analog scale. Physical exam was remarkable for lumbar spine with tenderness to palpation across the left paraspinal musculature and across the left upper buttocks with 5/5 lower extremity strength and positive left straight leg raise. The injured worker walked with a normal gait and had a normal heel-toe swing through gait without evidence of weakness when walking on the heels or toes. Current diagnoses included bilateral lumbar radiculopathy, chronic lumbago and lumbar spine disc degeneration. The treatment plan included a repeat epidural steroid injection at L4-5 and L5-S1, a psychological consultation, a postural cushion, acupuncture and continuing medications (Norco and Tramadol).

### 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 L4-5 and L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**Decision rationale:** The patient is a 33 year old male who sustained an injury August of 2013. He has subsequently been diagnosed with lumbar radiculopathy at the L4-5 and L5-S1 levels. He has undergone an epidural steroid injection with documented greater than 50% reduction in pain as well as a reduction in the use of pain medications. The MTUS guidelines state that therapeutic blocks can be repeated if certain criteria are met: "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. 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. "There is adequate documentation to support a repeat injection for the stated purpose since the above criteria are met, although no more than 2 injections are advised based on the guidelines. As such, the treatment is certified.