

<b>Case Number:</b>	CM15-0112715		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Arizona, 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 injured worker is a 64 year old female, who sustained an industrial injury on 4/29/10. The injured worker has complaints of low back pain radiating to the right leg, right hip pain and neck pain radiating the shoulder and arms and right hand and wrist and elbow, hip and knee pain. The documentation noted right leg raise was positive at 60 degrees and on palpation there was paravertebral tenderness over lumbar facet joints bilateral and tenderness of the sciatic notch (right). The diagnoses have included cervical spondylosis without myelopathy; degeneration of lumbar intervertebral disc; lumbosacral spondylosis without myelopathy and lumbar radiculopathy. Treatment to date has included norco; butrans; ibuprofen; lyrica; right shoulder surgery, right carpal tunnel release and right pronator teres release without much success; acupuncture; post left thumb trigger finger release; physical therapy and home exercise program. The request was for one epidural steroid injection for the lumbar area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 epidural steroid injection for the lumbar area:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 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. In this case the claimant had a positive straight leg raise but no abnormal neurological findings. In addition, prior x-rays showed lumbar degenerative changes and spondylolisthesis. In addition, the ACOEM guidelines do not recommend invasive procedures due to their short-term benefit. As a result, the request for ESI of the lumbar spine is not medically necessary.