

<b>Case Number:</b>	CM15-0114394		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Texas  
 Certification(s)/Specialty: Internal 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:

The injured worker is a 44 year old male, who sustained an industrial injury on 10/18/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic thoracolumbar myofasciitis, lower extremity radiculopathy, and discogenic back pain. Treatment to date has included diagnostics, chiropractic, trigger point injections, home exercise, and medications. Currently, the injured worker complains of pain in his lumbar spine, increasing with activities such as lifting, bending, and stooping. Exam noted restricted and guarded range of motion. Hyperextension of the low back caused radiating pain to the right posterior thigh. There was muscle spasm present and abnormal discoloration in the right lower extremity. Current medications included Norco and Lidocaine patches. The treatment plan included a lumbar epidural steroid injection at L4-5. It was documented that he exhibited nerve root tension signs, sensory deficits, and motor deficits, warranting a trial of epidural injections. Imaging/neurodiagnostic reports were not submitted. The referenced Qualified Medical Examination was not submitted. It was not documented if he was currently working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection, L4-L5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 46.

**Decision rationale:** Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of ESI is 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). 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. 5) No more than two nerve root levels 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. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. In this case the physical exam is not consistent with a radiculopathy with neurologic deficit. The use of ESI is not medically necessary.