

<b>Case Number:</b>	CM15-0115554		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/02/2015
<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: 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:

The injured worker is a 61 year old male, who sustained an industrial injury on May 21, 2013. The injured worker reported low back pain radiating to the left leg due to heavy lifting. The injured worker was diagnosed as having neck pain with left arm radiculopathy and low back pain with radiculopathy. Treatment to date has included physical therapy, injection, electromyogram, nerve conduction study, magnetic resonance imaging (MRI) and medication. A progress note dated April 25, 2015 provides the injured worker complains of neck pain radiating to the left arm and low back pain radiating to the left leg with occasional numbness and weakness in the leg. Physical exam notes positive Spurling's sign and positive Kemp's sign. Magnetic resonance imaging (MRI), electromyogram and nerve conduction study were reviewed revealing lumbar degenerative changes and denervation. The plan includes magnetic resonance imaging (MRI), epidural steroid injection and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 post epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The request is for L4-L5 post epidural steroid injection, which is an injection of a corticosteroid into the epidural space, typically used in the lumbar spine to treat chronic low back pain. It is recommended as an option for treatment of radicular pain. 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. On average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. 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. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Criteria for the use of epidural steroid injections include: 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. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The MTUS guidelines recommends no more than 2 ESI injections. The documentation provided stated that the injured worker experienced at best a 5% improvement in pain following the first epidural steroid injection. While the documentation suggested that there had been a functional improvement, the MTUS guidelines requires at least a 50% reduction in pain with associated reduction of medication use for six to eight weeks. The requirements have not been met, and the injured worker is unlikely to benefit from a second epidural steroid injection based upon current evidence used to establish the MTUS guidelines. The request as written is not medically necessary.

**Follow-up visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (20th

annual edition) & ODG Treatment in Worker's Comp (13th annual edition) 2015 chapter low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** The request is for a follow up visit. The timing is not established in the request, but per the notes provided for review, appeared to suggest 1-month follow up. Clinicians can provide extra support to make sure anxious or reluctant patients return to full function as soon as possible in order to avoid inadvertently rewarding avoidance behavior or phobic-like reactions. Even when the medical condition is not expected to change appreciably from week to week, frequent follow-up visits are often warranted for monitoring in order to provide structure and reassurance. The necessity of follow up visits with the primary treating physician is best based upon the judgment of the treating physician. The request as written appears to be supported by the MTUS guidelines, and therefore is medically necessary.