

<b>Case Number:</b>	CM15-0120467		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: North Carolina

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 66 year old male, who sustained an industrial injury on 10/23/08. Initial complaints were low back pain when he twisted his back. The injured worker was diagnosed as having lumbar spinal stenosis; low back pain. Treatment to date has included status post cervical ACDF C4-5/C5-6 with plate (10/2013); status post lumbar L4-S1 ALIF with L4-S1 laminectomy/pedicle screws (1/2010); physical therapy; medications. Diagnostics included MRI lumbar spine (4/3/15); EMG/NCV lower extremities (5/18/15). Currently, the PR-2 notes dated 5/27/15 indicated the injured worker complains of severe low back pain that radiates down the sciatic nerve on the left. He is having numbness, tingling, weakness in the left leg and foot. This has been going on for about six months. He has a surgical history for status post cervical ACDF C4-5/C5-6 with plate (10/2013); status post lumbar L4-S1 ALIF with L4-S1 laminectomy/pedicle screws (1/2010). The injured worker reports his symptoms are getting worse. He describes his pain as moderate to severe and constant. The pain radiates down the left leg and described as burning, sharp, aching, and stabbing with tingling, numbness and weakness in the left foot. His wife reports he drags his foot and he limps. He rates his pain as 7/10 in the low back and only finds that pain medications can make it better. Medications are listed as Crestor, Tricor, Diovan, Ranexa, and aspirin, Atenolol, Norco and Soma. The provider reviews an MRI of the lumbar spine dated 4/3/15 that reveals a relatively flat L4-S1 without much lordosis. There is a global 360 fusion at these levels and all the hardware appears appropriate. There is severe spinal stenosis at L3-4 and moderate stenosis at L2-3. Significant retrolisthesis at L3-4 is also noted. An EMG/NCV of the lower extremities shows findings compatible with

chronic L5 radiculopathy. The injured worker has significant weakness in the left leg (4/5) and positive straight leg raise at 30 degrees on physical examination. He has positive Spurling's maneuver and focal tenderness at the level of the iliac crest in the midline. The treatment plan explains surgery (left L3-4 XLIF with plate/laminectomy/L2-3 hemilaminectomy) was recommended along with other options. There was a prior request made for translaminar epidural steroid injection but previously denied due to no EMG had been completed. Now this is reported and the provider is requesting authorization of one translaminar epidural steroid injection at the L3-4 level.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One translaminar epidural injection at the L3-4 level:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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. The patient has the documentation of low back pain with radicular pain and collaborating Imaging studies. Therefore, criteria for ESI have been met and the request is medically necessary.