

<b>Case Number:</b>	CM15-0124235		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	11/04/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 26-year-old male who sustained a work related injury November 14, 2014. He slipped on a wet floor and caught himself by grabbing on to a shelf and closet. He described a jerking injury in his lower back and began to feel pain in the left lower side of his back, above the buttock. He was treated with anti-inflammatories, pain medication, and six visits of physical therapy. According to a physician's report, dated June 5, 2015, the injured worker returned for a follow-up evaluation. He had a lumbar epidural steroid injection about a week prior and noted a 50% improvement in his overall symptoms. He continues with back pain as well as pain into his lower extremity. There is tenderness to palpation bilaterally about the paralumbar musculature. Range of motion of the thoracolumbar spine is limited; forward flexion 20 degrees, extension less than 10 degrees, and left and right lateral bending less than 5 degrees before stopping due to pain. He is guarded in motion and ambulates with a walking cane, left type antalgic gait. Straight leg raise is positive bilaterally with the left greater than the right. Diagnosis is documented as herniated nucleus pulposus. At issue, is the request for authorization for an epidural steroid injection at the left L4-L5 lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection at left L4-L5 lumbar spine: 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 epidural steroid injection 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 provided clinical documentation for review does not show that previous ESI had produced 50% reduction in pain symptoms for 6-8 weeks with medication usage reduction. Therefore all criteria have not been met and the request is not medically necessary.