

<b>Case Number:</b>	CM15-0171299		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 (IW) is a 57 year old female who sustained an industrial injury on 02-08-2012. The worker presented to the provider's office on 07-14-2015 with complaint of chronic low back pain with radicular symptoms to bilateral feet, right hip pain, right ankle foot pain, and left upper wrist pain. She describes her pain as aching, dull, hot, burning, numb, shock-like, shooting, spasming, squeezing, stabbing and or sharp, throbbing, tingling, pins and needles, and tiring or exhausting. Medical records indicate a history of Chronic pain syndrome, Foot-ankle pain, Lumbar radiculitis, Lumbosacral spondylosis without myelopathy; Myalgia and myositis; Neuralgia, neuritis and radiculitis; Reflex Sympathetic dystrophy-lower extremity; and Wrist pain. Prior treatments include physical therapy for the right lower extremity and low back which provided moderate relief, and medications. The worker reports a history of falls she blames on her right leg giving way due to the RDS. On physical exam, the upper and lower lumbar facet joints were positive on palpation, bilaterally. There was paraspinous tenderness with muscle spasm bilaterally. Range of motion elicited increased pain with extension, rotation and flexion. Lumbar facet provocations were positive bilaterally. There were no lesions, bumps or bruises. Straight leg raise in the sitting position was positive bilaterally. Clonus for the lower extremity was negative bilaterally. There was allodynia and decreased sensation to light touch; and decreased sensation to pinprick for the right lower extremity. The treatment plan included requesting and reviewing medical records from her prior physicians, including procedures, imaging and past office visits. Treatments discussed with the worker included updating her imaging of the lumbar and thoracic spine, a trial of a spinal cord stimulator, and Bilateral L5-S1

Transforaminal epidural steroid injections x3. Medications of Oxycodone, Motrin, Lyrica, Lidoderm patches, Flexeril, and Duloxetine were continued, and the plan of care is to proceed with Interventional pain procedures of Lumbar Sympathetic Block x3, a medial-branch-nerve-block (MBB)-Radiofrequency ablation (RFA), a trial of a spinal cord stimulator, and Bilateral L5-S1 Transforaminal epidural steroid injections x3. A left wrist DeQuervain's Tenosynovitis injection was also under consideration. A request for authorization was submitted 07-14-2015 for Transforaminal epidural steroid injection, bilateral L5-S1. A utilization review decision (08-19-2015) non-approved the request.

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

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

#### **Transforaminal epidural steroid injection, bilateral L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**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 meet criteria as cited above and therefore the request is certified and therefore is medically necessary.