

<b>Case Number:</b>	CM15-0172070		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/08/2001
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 63 year old male, who sustained an industrial injury on 03-08-2001. He has reported injury to the neck and low back. The diagnoses have included lumbar pain with radiculopathy; lumbar herniated nucleus pulposus; prior posterior lumbar decompression and fusion; and chronic pain. Treatment to date has included medications, diagnostics, physical therapy, caudal epidural injection, cervical epidural injection, and surgical intervention. Medications have included Vicodin, Neurontin, Norco, and Zanaflex. A progress note from the treating physician, dated 08-04-2015, documented a follow-up visit with the injured worker. The injured worker reported that his back pain is progressively getting worse; he is taking three Norco a day; he has tried three different non-steroidal anti-inflammatories: one cause diarrhea, one caused rash, and one caused him to be dizzy; he does take Zanaflex as needed for muscle spasm; he has gotten epidural steroid injections in the past, which typically last six months to a year; and instead of increasing his narcotic usage, he would like to request an epidural steroid injection for pain relief. Objective findings included the recent MRI revealed "transitional level stenosis above his fusion with stenosis, potential for nerve root impingement". The treatment plan has included the request for epidural steroid injection L3-4. The original utilization review, dated 08-14-2015, non-certified a request for epidural steroid injection L3-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Epidural Steroid Injection L3-4: 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:** Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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. Per progress report dated 7/13/15 it was noted that the injured worker's lower extremity sensation was intact to light touch bilaterally, strength was 4/5 in the bilateral dorsi flexors, plantar flexors, and EHL, patella reflex was trace bilaterally, achilles 1+ on the left 2+ on the right. MRI of the lumbar spine revealed at L3-L4 a 6mm broad based disc bulge, moderate central canal stenosis was noted. I respectfully disagree with the UR physician, the medical records contain evidence of radiculopathy which is corroborated by MRI study. The request is medically necessary.