

<b>Case Number:</b>	CM15-0172336		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/07/2015
<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: 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:

This injured worker is a 45 year old male who reported an industrial injury on 10-1-2013. His diagnoses, and or impression, were noted to include: lumbar and thoracic sprains; multi-level lumbar degenerative disc disease; and left lumbar 5 radiculopathy. No current imaging studies were noted. His treatments were noted to include: medication management and permanent work restrictions. The progress notes of 7-14-2015 reported a follow-up visit for complaints which included: unchanged, constant, 6 out of 10, low back pain and left leg burning pain with numbness and tingling in the lumbar 5 dermatome, that was aggravated by activity and alleviated by stretching, lying flat on his back and with the use of Norco; denied psychotherapy sessions; and the inability to return to work due to the unavailability of jobs. The objective findings were noted to include: no acute distress; the expression of frustration regarding epidural steroid injection therapy; limited and guarded lumbar spine due to pain; decreased muscle strength in the left EHL, left ankle and left hamstrings; a slight reduction in sensation in the left lumbar 5 dermatome; and positive straight leg raise and slumped maneuvers in the left leg which reproduced numbness and tingling in the left lumbar 5 dermatome. The physician's requests for treatments, and-or plans were noted to include: a fluoroscopically guided left lumbar 5 transforaminal epidural steroid injection, given the findings on physical examination and complaint of low back pain. The Request for Authorization, dated 7-29-2015, was noted for lumbar transforaminal epidural steroid injection under fluoroscopic guidance, left lumbar 5. The Utilization Review of 8-7-2015 denied the request for left lumbar transforaminal epidural steroid injection with fluoroscopy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Transforaminal Epidural Steroid Injection with fluoroscopy at left L5:** Upheld

**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 patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.