

<b>Case Number:</b>	CM15-0172682		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/18/2015
<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:

The injured worker is a 49 year old male, who sustained an industrial injury on February 5, 2013. The injured worker was diagnosed as having lumbago, pain disorder with both psychological factors and orthopedic condition, disc disorder lumbar, radiculopathy, low back pain, lumbar facet syndrome, and spasm of muscle. Medical records (July 1, 2015 to July 27, 2015) indicate an increase of chronic low back pain. The pain has worsened from a rated level of 1 out of 10 to 5.5 out of 10 without medications. His quality of sleep has worsened from good to fair. However, his activity level has increased. Per the treating physician (July 27, 2015 report), the employee has been deemed permanent and stationary. The injured worker is to return to work without work restrictions. The physical exam (July 1, 2015 to July 27, 2015) reveals tenderness to palpation of the paravertebral muscles with spasm and a tight muscle band and trigger point with a twitch response and radiating pain on palpation. There was positive right-sided lumbar facet loading and tenderness over the right quadratus lumborum. On December 5, 2014, a MRI of the lumbar spine revealed at L5-S1 (lumbar 5-sacral 1) moderate disc degeneration with 2-millimeter disc bulge, 4 millimeter disc protrusion, and mild facet arthropathy causing moderate left and mild right foraminal narrowing. At L3-4 (lumbar 3-4) and L4-5 (lumbar 4-5), there is circumferential disc bulges moderately narrowing both neural foramina. Treatment has included: at least 6 sessions of physical therapy without significant relief of pain, chiropractic therapy with mild pain relief, at least 3 sessions of acupuncture with 100% pain relief, exercises, a transcutaneous electrical nerve stimulation (TENS) unit with moderate pain relief, off work, work restrictions, a functional restoration program, and

medications including oral pain, topical pain, muscle relaxant, and non-steroidal anti-inflammatory. The requested treatments included transforaminal lumbar epidural injection at bilateral L5.

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

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

#### **Transforaminal lumbar epidural injection, bilateral 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.