

<b>Case Number:</b>	CM15-0173156		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 41-year-old male, with a reported date of injury of 06-25-2010. The mechanism of injury was the result of a motor vehicle accident, which caused pain in the head, neck, and back. The diagnoses include lumbar spine disc protrusion at L4-5 and L5-S1 with bilateral radiculopathy. Treatments and evaluation to date have included a lumbar interlaminar epidural injection on 07-23-2015. The diagnostic studies to date included electrodiagnostic studies on 04-15-2015 with normal findings. The progress report dated 08-07-2015 indicates that the injured worker had improved low back pain after the first epidural steroid injection. The injured worker had persistent leg pain, right greater than left. The pain was reduced by 40%. The objective findings include tenderness to palpation of the lumbar paraspinal muscles; positive bilateral straight leg raise test; and lumbar range of motion with pain. The treating physician requested a second lumbar epidural steroid injection. It was noted that the injured worker was not able to perform usual work. The injured worker was recommended to do a sit down job. The treating physician requested a second lumbar epidural steroid injection. On 08-20-2015, Utilization Review (UR) non-certified the request for a second lumbar epidural steroid injection (levels not mentioned. Last epidural steroid injection at L5-S1).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second Lumbar Epidural Steroid Injection (levels not mentioned last ESI given at L5-S1):**  
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 previous ESI with 60% relief of pain but not lasting 6-8 weeks with decrease in medication usage. Therefore, the request is not certified.