

<b>Case Number:</b>	CM15-0175690		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Texas, California  
 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 40 year old male, who sustained an industrial injury on October 12, 2012, resulting in pain or injury to the low back region. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc herniation, chronic headaches possible postdural puncture, and medication induced gastritis. On August 13, 2015, the injured worker reported worsened low back pain rated as a 9 in intensity with significant radicular symptoms to the left lower extremity, with difficulty sleeping at night and performing most activities of daily living due to ongoing pain. The Primary Treating Physician's report dated August 13, 2015, noted the injured worker reported his pain medication regimen required in order to obtain 30-40% pain relief and function throughout the day. The injured worker's medications were listed as Norco, Lyrica, Anaprox, Prilosec, and Valium. The injured worker was noted to have had an epidural steroid injection on February 12, 2015, that was done under fluoroscopy and was a very unpleasant experience, with the injured worker reporting the pain from the procedure and subsequent headaches made his overall condition worse. The patient has had a second lumbar ESI on 7/23/15 with 50% pain relief in back pain. The lumbar spine examination was noted to show tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points that were tender and palpable throughout the lumbar paraspinal muscles, and decreased range of motion (ROM) with obvious muscle guarding. The sensory examination with noted to show mildly decreased sensation on the left lateral calf, with a significantly positive left straight leg raise, negative on the right. The lumbar spine MRI dated April 20, 2015, was noted to show L4-L5 right paramedian disc extrusion migrating beyond the adjacent end

plate resulting in mild right lateral recess stenosis near the right L5 nerve root, with a L5-S1 4mm broad based disc bulge and asymmetry to the left with mild left lateral recess stenosis near the left S1 nerve root. The injured worker was noted to be temporarily totally disabled for the following six weeks. The Physician noted the injured worker received at least 50% pain relief from the sharp stabbing radicular pain on the left with the first in a diagnostic series of two epidural injections, with the injured worker wanting to try a second injection. The physician noted "if the patient does not get significant benefit, we will proceed with an electrodiagnostic study and consider a surgical option." The patient was unable to do active directed physical therapy due to severe pain. The patient continues to use his TENS unit and cold pad. The treatment plan was noted to include a request for authorization for a second fluoroscopically guided transforaminal epidural steroid injection (ESI) at left L5-S1, with the injured worker noted to have responded very well to the first injection. The Physician noted "The patient has been unresponsive to conservative treatment, with physiotherapy, time and medical management for at least 3 months." The request for authorization dated August 13, 2015, requested Prilosec 20mg, #60 refills 0, Anaprox 550mg, #60 refills 0, and a Transforaminal Epidural Steroid Injection at left L5-S1. The Utilization Review (UR) dated August 25, 2015, authorized the requests for Prilosec 20mg, #60 refills 0, and Anaprox 550mg, #60 refills 0, and denied the authorization for the Transforaminal Epidural Steroid injection at left L5-S1. The patient had received an unspecified number of PT visits for this injury. The patient sustained the injury due to a MVA.

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

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

#### **Transforaminal Epidural Steroid Injection at left 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 MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are: "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)." Patient has received an unspecified number of PT visits for this injury. Conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did

not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Evidence of diminished effectiveness of medications was not specified in the records provided. The injured worker was noted to have had an epidural steroid injection on February 12, 2015, that was done under fluoroscopy and was a very unpleasant experience, with the injured worker reporting the pain from the procedure and subsequent headaches made his overall condition worse. The patient has had a second lumbar ESI on 7/23/15 with 50% pain relief in back pain. Per the cited guidelines, "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." Evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. With this, it is deemed that the medical necessity of request for Transforaminal Epidural Steroid Injection at left L5-S1 is not fully established for this patient. The request is not medically necessary.