

<b>Case Number:</b>	CM15-0178580		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	04/30/2001
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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

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 58 year old female who sustained an industrial injury on 4-30-01. She is not working. Diagnoses included thoracic, lumbar neuritis, radiculitis; lumbago; cervicgia; other back disorder; degenerative disc disease, lumbar, lumbosacral; other disc disorder cervical region. She currently (8-5-15) complains of neck pain radiating into her upper extremities; mid back pain radiating to the chest wall; lower back pain and stiffness radiating to the lower extremities, right greater than left with numbness and tingling. Her current pain level with medications is 6 out of 10 and without medications is 10 out of 10. Her pain level has remained consistent per progress notes dated 3-30-15 and 5-26-15 at 6 out of 10 with medications. On physical exam there was tenderness of the thoracic spine; tenderness to palpation of the lumbar spine from L3-S1, tenderness over facet joints L3-S1 bilaterally with positive provocation test; sacral tenderness; muscle spasms over the lumbar spine bilaterally with trigger points; positive straight leg raise bilaterally; decreased range of motion of the lumbar and thoracic spine. Diagnostics included MRI of the lumbar spine (7-24-15) showing disc pathology of the lower lumbar spine, specifically disc protrusion at L3-4, L4-5 and L5-S1, no cord or nerve compression was noted. Treatments to date include status post lumbar epidural steroid injection at L4-5 and right transforaminal epidural steroid injection at L3-4 (9-2012) with 80-85% decrease of right lower extremity pain and 50% decrease of lower back pain; medications: Norco, Xanax, Zanaflex, Voltaren topical, Sentra PM, Theramine, Celebrex, Lyrica, Lidoderm patch. In the progress note dated 8-5-15 the treating provider's plan of care included a request for 1 lumbar epidural steroid injection at L4-5 and L5-S1. The request for authorization dated 8-3-15 indicates 1 lumbar epidural steroid injection at L4-5 and L5-S1. On 8-11-15 utilization review evaluated and non-certified the request for one lumber epidural steroid injection

L4-5 and L5-S1 based on records not indicating patient benefit for at least 6-8 weeks from prior epidural steroid injection, no documented functional improvement, the MRI does not demonstrate a frank neurocompressive lesion at L4-5 and L5-S1 that would warrant an injection at those levels and no documentation of failed conservative therapy over at least 4-6 weeks.

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

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

#### **One lumbar epidural steroid injection at L4-5 and 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 Medical Treatment Guidelines comment on the use of Epidural Steroid Injections as a treatment modality. These guidelines state the following: 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. In this case, the medical records do not support the need for an epidural steroid injection at the L4-5 and L5-S1 levels. The MRI findings presented in the medical records do not indicate the presence of foraminal compromise at either level. The physical examination findings in the medical records do not support the presence of a radiculopathy at the L4-5 and L5-S1 levels. For these reasons, a lumbar epidural steroid injection at the L4-5 and L5-S1 levels is not medically necessary.