

<b>Case Number:</b>	CM15-0178953		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	09/12/1995
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 60 year old male, who sustained an industrial-work injury on 9-12-95. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc disease, lumbar muscle spasm, chronic back pain and radiculitis of right leg. Medical records dated (4-27-15 to 7-23-15) indicate that the injured worker complains of chronic low back pain and would like to have another lumbar epidural steroid injection (ESI) as it has been very helpful in the past. The medical records also indicate worsening of the activities of daily living. The physical exam dated 7-23-15 reveals that the exam of the back shows positive for back pain, limited range of motion with pain and straight leg raise is positive at 60 degrees bilaterally. Treatment to date has included pain medication, right L5-S1 transforaminal block 3-18-15, 8-26-14, 6-17-13 and 1-31-13, with good response for up to 4 months, activity modifications and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 8-31-09 reveals that there is mid T2 hypointensity with minimal or early degenerative disc disease (DDD) changes at L4-5 and L5-S1. The request for authorization date was 8-11-15 and requested services included Referral to Pain Management Specialist, Lumbar spine and Lumbar Epidural Steroid Injection, Qty 1. The original Utilization review dated 8-28-15 non-certified the request for Lumbar spine and Lumbar Epidural Steroid Injection, Qty 1 as the most recent lumbar Magnetic Resonance Imaging (MRI) is negative for significant pathology and therefore, not medically necessary. The request for referral to Pain Management Specialist was non-certified because the request for Lumbar spine and Lumbar Epidural Steroid Injection was denied and therefore, not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Referral to Pain Management Specialist, Lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition 2004, and page 127.

**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 “series-of-three” injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. The provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies that are included for review in the provided clinical documentation. Therefore the request does not meet all criteria as outlined above and is not medically necessary. Since the ESI is not necessary, pain management consult for ESI would not be medically necessary.

### **Lumbar Epidural Steroid Injection, Qty 1: 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 “series-of-three” injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. The provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies that are included for review in the provided clinical documentation. Therefore the request does not meet all criteria as outlined above and is not medically necessary.