

<b>Case Number:</b>	CM15-0179056		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	01/04/2012
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/02/2015
<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 male, who sustained an industrial injury on 1-4-2012. The injured worker was diagnosed right rotator cuff tear, degenerative joint disease of bilateral knees, cervical spine degenerative disc disease, and lumbar spine degenerative disc and joint disease. The request for authorization is for: one lumbar epidural steroid injection at L5-S1 level. The UR dated 9-2- 2015: non-certified the prospective request for one lumbar epidural steroid injection at the L5-S1 level. On 6-18-2015 QME report indicated there was a positive straight leg raise testing for low back pain. On 8-26-2015, he reported bilateral shoulder pain with right being greater than the left. He rated the pain 9 out of 10. He also reported low back pain rated 9-10 out of 10; bilateral knee pain rated 8-9 out of 10, and difficulty falling asleep due to pain. In addition he reported that he had numbness and tingling in the bilateral arms, and right lower extremity. Physical findings revealed tenderness in the right shoulder, positive impingement maneuver on the right shoulder, decreased range of motion to the right shoulder; tenderness and decreased cervical spine range of motion, tenderness and decreased lumbar spine range of motion, and tenderness in both knees. His work status is temporary total disabled. There is no currently documented special testing of the lumbar spine. There is no documentation of electrodiagnostic studies. The treatment and diagnostic testing to date has included: medications, rest and activity modification, urine drug testing, physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar epidural steroid injection at the L5-S1 level: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 with radicular symptoms and positive MRI findings corroborating exam results. Therefore, the request is medically necessary.