

<b>Case Number:</b>	CM15-0179552		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	10/21/2008
<b>Decision Date:</b>	10/30/2015	<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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old male sustained an industrial injury on 10-16-08. Documentation indicated that the injured worker was receiving treatment for lumbar and cervical pain. Recent treatment consisted of medication management. Magnetic resonance imaging lumbar spine (3-25-15) showed mild to moderate multilevel degenerative changes, most severe at L2-3 with mild stenosis at L4-5. In a PR-2 dated 4-23-15, the injured worker complained of bilateral lower extremity pain and numbness. Physical exam was remarkable for "moderate" discomfort on palpation of the mid lumbar spine, pain upon extension, 4 out of 5 lower extremity strength with left dorsiflexion and plantar flexion and "diminished" sensation to light touch in bilateral lateral shins and anterior feet. The physician recommended L4-5 transforaminal root block for diagnostic and therapeutic purposes. In a progress noted dated 7-23-15, the injured worker reported recent worsening of left leg pain. The injured worker was requesting an epidural steroid injection. Physical exam was remarkable for 5 out of 5 strength to bilateral lower extremities, positive left straight leg raise and negative bilateral Patrick's sign. The treatment plan included left L4-5 transforaminal epidural steroid injections and a Medrol Dose pack. On 8-28-15, Utilization Review noncertified a request for transforaminal lumbar epidural steroid injection at left L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Transforaminal lumbar epidural steroid injection at left L4-L5: 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:** Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 documentation submitted for review does not contain physical exam findings of radiculopathy. Per the latest progress report dated 7/23/15 physical exam noted lower extremity strength 5/5 bilaterally. Sensory exam and reflexes were not documented. MRI of the lumbar spine dated 3/25/15 revealed at L4-L5 mild/moderate disc height loss with a 2-3mm diffuse disc osteophyte complex. The spinal canal is mildly stenotic. The neural foramen are patent. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.