

<b>Case Number:</b>	CM15-0027351		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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:

The injured worker is a 51 year old female, who sustained an industrial injury on 5/20/13. Initial complaints were of the lumbar spine. The injured worker was diagnosed as having; lumbar strain with accompanied radiculitis. Treatment to date has included physical therapy; urine drug screening; medications. Diagnostics studies included MRI lumbar spine (10/7/14); EMG/NCV study lower extremities (1/22/15). Currently, the PR-2 notes dated 10/28/14 indicated the injured worker complains of MR imaging studies were obtained after she failed conservative rehabilitation and shows multilevel disc disease. She continues to complain of low back pain, intermittent left lateral radiculopathy to the level of the knee, but reports no falls or instability. She has a consult scheduled on 11/24/14 for physical medicine and rehabilitation but in the meantime, she continues full duty at her job. The MRI of the lumbar spine report dated 10/7/14 impression concluded degenerative spondylotic changes in the lumbar spine without acute fracture or dislocation. There is evidence of a mild to moderate facet joint arthrosis lower lumbar spine most prominent at L4-L5. There is a broad-based disc protrusion with posterior annular fissure at L5-S1 without central canal stenosis or neural foraminal narrowing. The report identifies a mild posterior annular bulge with left lateral annular fissure at L4-L5, which along with facet and ligamentum flavum hypertrophies causing mild central canal stenosis. There is mild narrowing of the inferior aspect of the right neural foramina without exciting nerve root compression. On physical examination the provider documents the injured worker is able to fully squat, complaining of localized low back pain with no radicular symptoms. She flexes her lumbar spine 90 degrees and extends and laterally bends 15 degrees. Straight leg raising to 45

degrees produces localized low back pain with no sign of radiculopathy on this day. Deep tendon reflexes are reported as symmetrical. The EMG/NCV study of the lower extremities on 1/22/115 reports an abnormal study with evidence of chronic bilateral L4 radiculitis. There is no evidence of right or left lumbosacral plexopathy, lower extremity neuropathy or peripheral neuropathy. Subsequent PR-2 notes (dated 2/18/15) indicate she was authorized for the transforaminal lumbar epidural steroid injections of the bilateral L4 under fluoroscopic guidance but not for the conscious sedation. The provider documents she has mild anxiety regarding the procedure. The provider is requesting authorization of transforaminal lumbar epidural steroid injections of the bilateral L4 under fluoroscopic guidance and conscious sedation.

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

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

#### **Transforaminal lumbar epidural steroid injections of the bilateral L4 under fluoroscopic guidance and conscious sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 01/19/15), Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**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 sufficient physical exam findings of radiculopathy. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. It is noted that the injured worker had decreased sensation to light touch in the left lower extremity, and slightly decreased left patellar reflex. Strength was 5/5 in the right lower

extremity and 5-/5 in the left lower extremity. EMG dated 1/2014 demonstrated bilateral L4 radiculitis. The documentation submitted for review supports a left sided radiculopathy, however, as the request is for bilateral injection, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.