

<b>Case Number:</b>	CM15-0043056		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Colorado

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 44 year old male with an industrial injury dated November 9, 2010. The injured worker diagnoses include lumbar radiculopathy and lumbar post laminectomy syndrome. Treatment to date has included diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 1/28/2015, the injured worker currently complains of bilateral lower back pain and left leg radicular pain. The injured worker reported pain is mostly on the left side with occasional numbness, tingling and complete loss of feeling in leg at times. The treating physician noted low back and leg pains due to lumbar disc protrusion at L4-L5 to the left with severe narrowing of the lateral recess which is causing left leg pains. The treatment plan included transforaminal lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar, steroid injection transforaminal:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 46.

**Decision rationale:** Per the MTUS, epidural steroid injections are recommended as an option for treatment of radicular pain. Current guidelines indicate no more than 2 epidural steroid injections are generally needed to achieve some relief of lumbosacral pain, and no evidence suggests relief is lasting. If initial epidural steroid injection does not provide at least 50% reduction in pain as well as some improvement in function, then additional injections are not indicated. Because pain relief is short term and no long term effects on function have been identified, epidural steroid injections are recommended as part of a program including other therapies such as exercise program. There is insufficient evidence to recommend cervical epidural steroid injections to treat cervical radicular pain. Per MTUS Guidelines, the following criteria should be used to determine which patient may benefit from epidural steroid injection: 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. For the patient of concern, the history includes radicular symptoms and radicular physical findings on examination. Also, there are corresponding MRI and CT findings discussed in clinic notes to support radiculopathy as the diagnosis. Patient has had multiple therapies in the past without relief, but no current physical therapy or home exercise program is documented, so the epidural steroid injections would not be part of a more comprehensive rehabilitation program. While the clinic notes mention epidural steroid injection for L4-L5 level, the actual request does not include any level(s). The records also indicate that patient had lumbar epidural steroid injection, level not specified in May 2012. The records do not include any information about patient response to that previous epidural steroid injection. As the transforaminal epidural steroid injection would not be part of a comprehensive rehabilitation program and as there is no documentation of patient improvement with previous epidural steroid injection, and as the level(s) of request is/are not included in the request, the request for transforaminal epidural steroid injection is not medically necessary.