

<b>Case Number:</b>	CM15-0061222		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	05/14/1998
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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 53-year-old male with an industrial injury dated May 14, 1998. The injured worker diagnoses include unspecified myalgia and myositis, spasm of muscle, post laminectomy syndrome of cervical region, lumbago, thoracic/lumbosacral neuritis/radiculitis, post laminectomy syndrome of lumbar region, cervicocranial syndrome and cervicalgia. Treatment consisted of diagnostic studies, prescribed medications and periodic follow up visits. According to the treating physician report dated 03/11/2015, the current chief complaints include chronic back and left leg pain, chronic neck pain with right arm pain and headache status post surgeries. On exam, the injured worker reported ongoing severe low back pain and bilateral leg pain to the foot on right along with numbness and tingling and burning pain. The injured worker also reported ongoing neck pain, arm pain and burning pain to bilateral lower extremities. The treating physician noted that there were no new changes on exam. The treating physician prescribed services for right transforaminal lumbar epidural steroid injection at the levels of L5-S1 and S1-S2 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right transforaminal lumbar epidural steroid injection at the levels of L5-S1 and S1-S2:**  
Upheld

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

**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 physical exam findings of radiculopathy. MRI of the lumbar spine dated 12/17/13 revealed at L5-S1 bilateral facet arthrosis. No stenosis was noted, and no findings for S1-S2 were documented. 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. There was documentation of normal sensation, reflexes and negative SLR and therefore clinically does not meet the definition of radiculopathy. As the first criteria is not met, the request is not medically necessary.