

<b>Case Number:</b>	CM15-0062959		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 37-year-old male, who sustained an industrial injury on 4/5/13. He has reported a low back injury after loading materials into a car and hearing a pop in his back. The diagnoses have included chronic lumbar pain and lumbosacral radiculopathy. Treatment to date has included medications, epidural steroid injection (ESI) conservative treatment, and activity modifications. The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 4/24/13. The current medications included Norco and Soma. The urine drug screen dated 10/21/14 was inconsistent with medications prescribed. Currently, as per the physician progress note dated 3/10/15, the injured worker complains of chronic pain in the lumbar spine with radiation of pain to the bilateral lower extremities. The pain was rated 7/10 on pain scale and described as burning. He was status post series of epidural steroid injection (ESI) and the injured worker would like to avoid surgery. Physical exam revealed that he was visibly uncomfortable, spasm and tenderness in the lumbar spine with decreased range of motion. There was dysesthesia noted in the L4-5 dermatomal distributions bilaterally. The physician noted that the medications help him to maintain functional capacity and therefore would be re-filled. The physician requested treatment included Lumbar epidural injection at L4-5 for chronic low back pain/radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar epidural injection at L4-5: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s):

46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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 researches does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The treating physician has not provided documentation of objective functional improvement from the most recent ESI. Guidelines require 50% pain relief with reduction in medication use of six to eight weeks to justify repeat injections. As such, the request for Lumbar epidural injection at L4-5 is not medically necessary.