

<b>Case Number:</b>	CM15-0063100		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	07/30/2011
<b>Decision Date:</b>	05/07/2015	<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: Arizona, California

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 54-year-old male, who sustained an industrial injury on 07/30/2011. He reported injuries to his lumbar/cervical/thoracic spine. The injured worker is currently diagnosed as having lumbago, lumbar degenerative disc disease, post-laminectomy syndrome, sciatica, and thoracic pain. Treatment to date has included epidural steroid injections, thoracic MRI, lumbar MRI, and medications. In a progress note dated 03/13/2015, the injured worker presented with complaints of chronic pain. The treating physician reported requesting authorization for lumbar epidural injection to left L5-S1 area. According to the application, Independent Medical Review is also being requested for fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI injection at L5-S1 (per 03/13/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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 do not support 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had a prior EMG in 7/15/2014 that showed numbness in the L5-S1 dermatome. An MRI in 8/2011 showed compression of the L5 nerve root. The claimant had an ESI in 8/2014 with noted improvement. Recent examination indicated continued deficits in the T4-T7 dermatomes. The exam findings at this time do not correlate with prior diagnostics. As a result, the request for a L5-S1 ESI is not medically necessary.

**Fluroscopy (per 03/13/2015):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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 do not support 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had a prior EMG in

7/15/2014 that showed numbness in the L5-S1 dermatome. An MRI in 8/2011 showed compression of the L5 nerve root. The claimant had an ESI in 8/2014 with noted improvement. Recent examination indicated continued deficits in the T4-T7 dermatomes. The exam findings at this time do not correlate with prior diagnostics. As a result, the request for a L5-S1 ESI is not medically necessary. As noted above, since the lumbar ESI is not necessary. The request for fluroscopy is not medically necessary.