

<b>Case Number:</b>	CM15-0066068		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Massachusetts

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 60 year old male who sustained an industrial injury to his back on August 2, 2012. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar postlaminectomy syndrome, and chronic pain syndrome. Treatment to date includes conservative measures, diagnostic testing (latest magnetic resonance imaging in May 2014, surgery, physical therapy, chiropractic therapy, home exercise program and medications. The injured worker is status post posterior fusion instrumentation of L4-L5-S1 and L5-S1 (no date documented). According to the primary treating physician's progress report on February 25, 2015, the injured worker continues to have increasing lower back and bilateral leg pain. The injured worker would like other alternatives to manage pain with minimal opioids. Examination of the lumbar spine demonstrated tenderness to palpation over the paraspinal muscles, right side greater than left. Range of motion was decreased with increased pain with flexion. Positive straight leg raise was noted bilaterally. Strength and sensation were intact. The injured worker received Toradol at the office visit. Current medications are listed as Tramadol, Norco, Cyclobenzaprine and Gabapentin. Treatment plan consists of continuing home exercise program and the present medication regimen, surgical consultation and the current request for a bilateral transforaminal S1 epidural steroid injection (ESI).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral S1 transforaminal lumbar epidural steroid injection under fluoroscopic guidance and conscious sedation:** Overturned

**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 Epidural Page(s): 46.

**Decision rationale:** Accordingly to the MTUS, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a series of three ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. 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 is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) See also Epidural steroid injections, series of three. 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 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. According to the documents available for review, the IW appears to meet the criteria for the use of epidural steroid injections, with a PE that is corroborated by imaging studies. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established and is medically necessary.

