

<b>Case Number:</b>	CM15-0070489		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	11/04/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Florida

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, who sustained an industrial injury on 11/04/2014. He has reported injury to the low back. The diagnoses have included back pain; lumbar spine sprain/strain; and small right para-central disc protrusion, L4-5 and L5-S1. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Anaprox, Ultram, and Prilosec. A progress note from the treating physician, 03/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of intermittent low back pain, rated at 2-3/10 on the visual analog scale; and intermittent middle back pain rated at 2/10. Objective findings included decreased lumbar range of motion; and positive straight leg raise bilaterally. The treatment plan has included the request for lumbar epidural steroid injection L2-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection L2-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Epidural Steroid Injections, page(s) 80.

**Decision rationale:** MTUS Guidelines state regarding criteria for LESI (Lumbar Epidural Steroid Injection): 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) 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. Regarding this patient's case, 4 levels have been requested for injection L2-S1. Guidelines recommend no more than 2 nerve root levels, and not more than 1 interlaminar level should be injected at 1 session. Also, MRI findings do not collaborate with pathology being identified at all of these requested levels. This request is not considered medically necessary.