

<b>Case Number:</b>	CM15-0070668		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 64 year old female, who sustained an industrial injury on October 24, 2013. She reported low back pain, bilateral hip pain, right leg, right foot and right ankle pain. The injured worker was diagnosed as having reflex system dystrophy of the lower limbs. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, pain injections, medications and work restrictions. Currently, the injured worker complains of low back pain, bilateral hip pain, right leg, right foot and right ankle pain with associated tingling and numbness into the lower extremity. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. She reported using a walking boot and crutches for ambulation. She reported sleep disruptions and frustration secondary to chronic pain. Evaluation on December 12, 2014, revealed continued pain with associated symptoms. Right lumbar nerve root injections were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lumbar selective nerve root injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs).

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

**Decision rationale:** A right lumbar selective nerve root injection (also known as a transforaminal epidural steroid injection) has been requested, and declined by utilization review. It was noted by utilization review that while findings suggestive of radiculopathy are noted, there are no collaborative imaging studies provided in the submitted records. MTUS guidelines specify the following criteria for epidural steroid injections: 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. MTUS guidelines have not been satisfied as there is no collaborating imaging studies. Likewise, this request is not considered medically necessary.