

<b>Case Number:</b>	CM15-0075181		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	09/16/2009
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old male, who sustained an industrial injury on 9/16/2009. The injured worker was diagnosed as having chronic pain, other, lumbar radiculopathy, and right shoulder pain. Treatment to date has included diagnostics, physical therapy, chiropractic, lumbar epidural steroid injection, and medications. Currently (3/17/2015), the injured worker complains of neck pain with radiation down the right upper extremity and low back pain with radiation down both lower extremities, accompanied by numbness and tingling. Pain was rated 8/10 with medication use and 9/10 without. He reported pain as recently worsened and reported frequent gastric upset. He also reported difficulty with activities of daily living. It was documented that his last epidural steroid injection was done by an outside physician in 2014 and provided good relief for 2 months. Physical exam of the lumbar spine noted decreased sensation along the L5-S1 dermatome in both lower extremities. Straight leg raise was positive bilaterally in the seated position. Magnetic resonance imaging of the lumbar spine findings (9/22/2014) were referenced. He was currently not working. The treatment plan included a right and left epidural steroid injection under fluoroscopy, noting denial of previous request. Previous progress reports refer to a lumbar epidural steroid injection in 4/2013, with reduction in back pain by 45% for three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right (lumbosacral) L5-S1 Epidural under fluoroscopy, Qty: 1.00: 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 ESI Page(s): 46-47.

**Decision rationale:** Based on the 03/17/15 progress report provided by treating physician, the patient presents with low back pain that radiates down the bilateral lower extremities rated 8/10 with medications. The request is for Right (Lumbosacral) L5-S1 Epidural under Fluoroscopy, Qty: 1.00. RFA with the request not provided. Patient's diagnosis on 03/17/15 includes chronic pain, other; and lumbar radiculopathy. Treatment to date has included diagnostics, lumbar ESI's, physical therapy, chiropractic, and medications. Patient's medications include Hydrocodone, Omeprazole and Flexeril. The patient is not working, per 03/17/15 report. Treatment reports were provided from 07/24/13 - 05/12/15. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants)." For repeat ESI, MTUS states, "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." Per 03/17/15 report, treater states "the patient has had considerable persistent pain with negative impact on function, and has failed more conservative treatment. The patient has shown at least 50% pain relief from the prior epidural steroid injection for a duration of at least 2 months. The patient does show evidence of radiculopathy. The patient has a history, examination findings, and imaging findings that correlate for the medical necessity for this procedure." Physical examination to the lumbar spine on 03/17/15 revealed tenderness to palpation to spinal vertebral area L4-S1 levels. Range of motion moderately limited. Sensory exam shows decreased sensitivity to touch along the L5-S1 dermatomes in the bilateral lower extremities. MRI of the lumbar spine on 09/22/14, per 03/17/15 report demonstrates "disc desiccation at L5-S1. 3mm broad-based posterior disc protrusion. There are hypertrophic changes at facet joints bilaterally, with moderate narrowing of both neural foramina." The patient is status post lumbar epidural steroid injections at L3-L5 on 07/24/13 and 02/05/14. It has been over a year since last lumbar ESI, and treater has documented benefit from procedure. In this case, the patient continues with back pain and bilateral leg symptoms. Patient's diagnosis of radiculopathy is supported by physical examination findings, which corroborate with MRI discussion. The request for epidural steroid injection to RIGHT L5-S1 appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**Left (lumbosacral) L5-S1 Epidural under fluoroscopy, Qty: 1.00: 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 ESI Page(s): 46-47.

**Decision rationale:** Based on the 03/17/15 progress report provided by treating physician, the patient presents with low back pain that radiates down the bilateral lower extremities rated 8/10 with medications. The request is for Left (Lumbosacral) L5-S1 Epidural under Fluoroscopy, Qty: 1.00. RFA with the request not provided. Patient's diagnosis on 03/17/15 includes chronic pain, other; and lumbar radiculopathy. Treatment to date has included diagnostics, lumbar ESI's, physical therapy, chiropractic, and medications. Patient's medications include Hydrocodone, Omeprazole and Flexeril. The patient is not working, per 03/17/15 report. Treatment reports were provided from 07/24/13 - 05/12/15. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants)." For repeat ESI, MTUS states, "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." Per 03/17/15 report, treater states "the patient has had considerable persistent pain with negative impact on function, and has failed more conservative treatment. The patient has shown at least 50% pain relief from the prior epidural steroid injection for a duration of at least 2 months. The patient does show evidence of radiculopathy. The patient has a history, examination findings, and imaging findings that correlate for the medical necessity for this procedure." Physical examination to the lumbar spine on 03/17/15 revealed tenderness to palpation to spinal vertebral area L4-S1 levels. Range of motion moderately limited. Sensory exam shows decreased sensitivity to touch along the L5-S1 dermatomes in the bilateral lower extremities. MRI of the lumbar spine on 09/22/14, per 03/17/15 report demonstrates "disc desiccation at L5-S1. 3mm broad-based posterior disc protrusion. There are hypertrophic changes at facet joints bilaterally, with moderate narrowing of both neural foramina." The patient is status post lumbar epidural steroid injections at L3-L5 on 07/24/13 and 02/05/14. It has been over a year since last lumbar ESI, and treater has documented benefit from procedure. In this case, the patient continues with back pain and bilateral leg symptoms. Patient's diagnosis of radiculopathy is supported by physical examination findings, which corroborate with MRI discussion. The request for epidural steroid injection to LEFT L5-S1 appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.