

<b>Case Number:</b>	CM15-0078188		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 68 year old female who sustained an industrial injury on 09/22/11. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include a MRI of the lumbar spine. Current complaints include neck, right shoulder, right carpal tunnel syndrome pain, low back pain and pain over the greater trochanter bursa. Current diagnoses include left foraminal stenosis, cervical disc degeneration, right carpal and cubital tunnel syndromes, right shoulder impingement syndrome and acromioclavicular joint degenerative joint disease, lumbar facet arthropathy, chronic lumbago, and right greater trochanteric bursitis. In a progress note dated 03/20/15 the treating provider reports he plan of care as a L4-5 bilateral transforaminal epidural injection, as well as Norco. The requested treatment is a L4-5 bilateral transforaminal epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 Transforaminal Epidural Steroid Injection 2 Units:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ESIs.

**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 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. In this case, the claimant has significant facet arthropathy at L4-S1 and bilateral straight leg raise testing. Prior conservative treatment has not improved symptoms. The physician had reflected on the prior denials and substantiates the correlation with diagnostic and physical findings. The request is appropriate and medically necessary to manage severe back pain.