

<b>Case Number:</b>	CM15-0079804		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/07/2001
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 58 year old male, who sustained an industrial injury on August 7, 2001. He reported low back pain and lower extremity pain. The injured worker was diagnosed as having lumbar radiculopathy and neuralgia, anxiety, depression and gastroesophageal reflux disease. Treatment to date has included diagnostic studies, radiofrequency ablation, conservative care, medications and work restrictions. Currently, the injured worker complains of continued low back pain, pain in the joints and radicular symptoms to the lower extremities. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. He reported a significant improvement with radiofrequency ablation. Evaluation on February 15, 2015, revealed continued low back pain radiating to the thoracic spine, bilateral sensation of cold in the feet to above the knee and some bladder incontinence. Lumbar radiofrequency ablation w/ fluoroscopy & conscious sedation times two (L3-L4, L4-L5, L5-S1) was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar radiofrequency ablation w/ fluoroscopy & conscious sedation times two (L3-L4, L4-L5, L5-S1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

**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 had received 2 injections in the past year for the levels requested above, In addition, imaging or electrodiagnsotic studies were not provided to support the radicular findings. The request for an additional ESI is not medically necessary.