

<b>Case Number:</b>	CM15-0092384		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	03/04/2009
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old male sustained an industrial injury to the right shoulder and low back on 3/4/09. Previous treatment included magnetic resonance imaging, shoulder surgery, radiofrequency ablation of medial branch nerves, injections and medications. Magnetic resonance imaging lumbar spine (4/7/15) showed multilevel lumbar spine spondylosis. In a progress note dated 4/16/15, the injured worker complained of pain to the upper portion of the lumbar spine, rated 8-10/10 on the visual analog scale, with radiation to bilateral lower extremities. The injured worker reported that his low back pain had been under control following radiofrequency ablation (9/2014) but the pain had returned. Physical exam was remarkable for tenderness to palpation over the bilateral sacroiliac joints, L1-4 spinous processes and lumbar facet joints with positive provocation test, trigger points and spasms in the lumbar paraspinal musculature, quadratus lumborum, gluteus medius, maximus and piriformis muscles, positive bilateral straight leg raise and diminished sensation at the L2-3 distribution. Current diagnoses included lumbar spine radiculitis, shoulder joint pain, lumbago, lumbar spine degeneration of intervertebral disc, sacroiliitis, shoulder osteoarthritis and myalgia/myositis. The treatment plan included lumbar spine epidural steroid injections at L2-3 and L3-4, continuing home exercise and continuing current medications.

### 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-L3, L3-L4 times two: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injections L2-L3 and L3-L4 (times 2) are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. See the guidelines for details. In this case, the injured worker's working diagnoses are thoracic/lumbosacral neuritis/radiculitis unspecified; pain in joint shoulder region; lumbago; degenerative lumbar/lumbosacral intervertebral disc; sacroiliac is not elsewhere classified; primary localized osteoarthritis shoulder region; unspecified myalgia and myositis. The injured worker, according to an April 16, 2015 progress note, had control of low back pain status post bilateral radiofrequency ablation of the median branch nerves from L3 to L5. Pain symptoms have returned. The treating provider is requesting lumbar epidural injections L2-L3 and L3-L4 (times 2). The IMR contains a request for lumbar L2-L3 and L3-L4 (times 2). The guidelines allow repeat ESI based on objective functional improvement and documented pain relief, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The injured worker complains of low back pain with radicular symptoms and an epidural steroid injection is appropriate. However, a second epidural steroid injection is not clinically indicated until a clinical determination regarding the first epidural steroid injection is made clinically. Consequently, absent guideline recommendations limiting a second epidural steroid injection to the outcome of a prior lumbar epidural steroid injection with objective functional improvement in decreased pain relief with an associated production of medication use for 6 to 8 weeks (prior to administering a second lumbar ESI), lumbar epidural steroid injections L2-L3 and L3-L4 (times 2) are not medically necessary.