

<b>Case Number:</b>	CM15-0094996		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	03/10/2006
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 67-year-old male, who sustained an industrial injury on March 10, 2006. He reported a low back injury. The injured worker was diagnosed as having lumbar radiculitis, lumbar spinal stenosis - status post discectomy in 2007, and multilevel cervical disc desiccation and bulging with stenosis. Diagnostic studies to date have included an MRI and electrodiagnostic studies. Treatment to date has included activity modifications, physical therapy, a home exercise program, an epidural steroid injection, and medications including pain, muscle relaxant, non-steroidal anti-inflammatory, and anti-epilepsy. On March 26, 2015, the injured worker complains of increased low back pain with radiation down the left leg in the lumbar 5 distribution. He uses pain medication with moderate relief of pain and tries to do his home exercise program. The physical exam revealed an antalgic gait, a positive left LSR at 45 degrees, a positive right straight leg raise at 60 degrees, inability to heel-toe walk, decreased bilateral flexor hallucis longus, and decreased sensation of the left lateral thigh (lumbar 4). The treatment plan includes a transforaminal epidural injection at left lumbar 3-4 and left lumbar 4-5 under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural injection at left L3-4 and L4-5 for the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 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 month preceding and after showed a negative straight leg raise indicating conflicting findings. The ACOEM guidelines do not recommend ESI due to their short-term benefit. The claimant had received ESI in the past and the exam findings are controversial whether there are radicular findings. The request for the ESI above is not medically necessary.