

<b>Case Number:</b>	CM15-0095843		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/29/2015
<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 46-year-old male, who sustained an industrial injury on February 1, 2010. The injured worker was diagnosed as having left shoulder impingement syndrome, tendinosis of the left conjoint tendon, mild left biceps tenosynovitis, chronic myofascial pain syndrome, central disc protrusion at L4-L5 (MRI confirmed), mild left carpal tunnel syndrome, and left elbow medial epicondylitis. Treatment to date has included home exercise program (HEP), epidural steroid injection (ESI), and medication. Currently, the injured worker complains of severe escalation of his low back pain, with shooting pain in his legs, left more than right, with tingling, numbness, and paresthesia. The Treating Physician's report dated April 21, 2015, noted the injured worker had received a previously epidural steroid injection (ESI) the previous year with 75% pain relief a few months and return to work. Physical examination was noted to show the lumbar spine range of motion (ROM) severely restricted, with paravertebral muscle spasm and localized tenderness present in the lumbar spine area. Increased lumbar lordosis was noted with diminished sensation to light touch along the medial and lateral border of the left leg, calf, and foot. Right-sided sitting straight leg raise was 50-60 degrees, and left sided sitting straight leg raise was 40-50 degrees. The injured worker was noted to have a severe flare-up of his low back pain, and was unable to go to work. The treatment plan was noted to include a request for authorization for left sided L4 and L5 transforaminal and translaminar lumbar epidural steroid injections (ESIs). The injured worker was to be started on Tylenol #3, with continued Naproxen, Neurontin, Protonix, and Norflex.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) left sided L4-L5 transforaminal and translaminar lumbar epidural steroid injections:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**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 a prior MRI and examination consistent with radiculopathy. The claimant had 75% improvement with a prior ESI (unknown time but at least 6 months ago). The claimant requires multiple pain medications with pain level ranging from 6-9/10. The request for an ESI of the lumbar spine is medically necessary.