

<b>Case Number:</b>	CM15-0095915		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	07/08/1998
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/12/2015
<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: North Carolina

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 57-year-old male, who sustained an industrial/work injury on 7/8/98. He reported initial complaints of back pain. The injured worker was diagnosed as having post laminectomy syndrome, lumbar region, thoracic or lumbosacral neuritis or radiculitis, and displacement of thoracic or lumbar intervertebral disc without myelopathy. Treatment to date has included medication, diagnostics, and surgery (s/p L5-S1 anterior posterior lumbar fusion). Currently, the injured worker complains of flare up of lower back pain with constant, sharp, and shooting sensation to the legs, R>L. Pain was rated 7-8/10. Per the primary physician's progress report (PR-2) on 4/20/15, examination revealed moderate to severe tenderness over the lumbar paraspinal muscle and gluteus R>L. There was moderate tenderness over the L4-5 and L5-S1, range of motion revealed 50-60% with forward flexion and 40-50% with backward extension and right ankle dorsiflexion and plantar flexion. There was mild sensory deficit more so over the right L5 and S1 dermatomes and positive straight leg raise on the right at 40-50 degrees while sitting. Current plan of care included present medication and steroid injection. The requested treatments include lumbar epidural steroid injection at right L4-L5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at right L4-L5 and L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

**Decision rationale:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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. The provided documentation for review meets criteria as outlined above for ESI and therefore the request is medically necessary.