

<b>Case Number:</b>	CM15-0096941		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	07/31/1996
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 49-year-old male, who sustained an industrial injury on 7/31/96. He reported a lower back injury. The injured worker was diagnosed as having lumbar spine herniation L4-5 and spondylolisthesis at L5-S1. Treatment to date has included physical therapy, oral pain medications, activity restrictions, modified work duties and 3 epidural injections. Currently, the injured worker complains of aching and burning low back pain with radiation down posterior and lateral right leg to the knee and down the posterior left buttock. He is currently not working. Physical exam noted antalgic gait with spasm on palpation of back and restricted range of motion of lumbar spine due to pain. A request for authorization was submitted for epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Onecentral lumbar epidural steroid injection at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

**Decision rationale:** The MTUS notes the following 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 electro diagnostic 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 "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. In this case, the most recent lumbar MRI does not document disc bulges or protrusions and there is no electro diagnostic testing to corroborate the radicular complaints. The request for interlaminar L4-5 epidural steroid injection is not supported by the MTUS guidelines and is not medically necessary. The MTUS recommends epidural steroid injections as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Not recommended for spinal stenosis or for non-specific low back pain. The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. In the diagnostic phase, a repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). In the therapeutic phase, if after the initial block/blocks are given and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. In this case, the medical records do not provide documentation concerning the initial epidural steroid injections and response to those injections. Radiculopathy must be corroborated by imaging studies and/or electro diagnostic testing. A repeat lumbar MRI has been performed but that report is not provided for review, Electro diagnostic testing on 3/20/15 did not find evidence for radiculopathy. As such, the request for one central lumbar epidural steroid injection at L5-S1 is not medically necessary.

**Medical clearance with labs to include PT/PTT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standards of Practice Committee,

Cardiovascular and Interventional Radiological Society of Europe, Consensus guidelines for periprocedural management of coagulation status and hemostasis risk in percutaneous image-guided interventions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative lab testing.

**Decision rationale:** The MTUS does not address medical clearance with labs to include PT/PTT prior to receiving lumbar epidural steroid injections. The records do note that there are no bruising tendencies, no difficulty with clotting and he heals normally after cuts or bleeding. The ODG guidelines state that coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The request for medical clearance with labs to include PT/PTT is not medically necessary.