

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0053552 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 07/24/2012 |
| <b>Decision Date:</b> | 04/07/2015   | <b>UR Denial Date:</b>       | 11/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/18/2013 |

### 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 55-year-old female, who sustained an industrial injury on 7/24/2012. The diagnoses have included chronic low back pain with radicular symptoms to the right L4-L5 distribution, lumbar spine sprain/strain and lumbar spine degenerative disc disease. Treatment to date has included injections and medication. According to the progress report dated 4/29/2013, the injured worker was status post a right lumbar transforaminal epidural injection at L5-S1 and L4-L5 on 4/8/2013. She reported that she had not felt any better since the injection and continued to be symptomatic on the right side. According to the progress note dated 10/17/2013, the injured worker underwent lumbar epidural steroid injection (ESI) on 9/23/2013. She reported partial improvement in her symptoms after the injection, which was more significant in the first week. She continued to complain of back pain which radiated to her bilateral lower extremities. She continued to note associated numbness and tingling with her pain. Exam of the lumbar spine revealed tenderness noted in the lumbar paraspinal region bilaterally and in the midline lumbar spine. Authorization was requested for a lumbar epidural steroid injection (ESI). On 11/5/2013 Utilization Review (UR) non-certified a request for outpatient lumbar epidural steroid injection (ESI) #3. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient lumbar epidural steroid injection (3rd injection): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections 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. There is no documented 50% reduction in pain for 6-8 weeks from previous ESI. Therefore criteria for repeat ESI have not been met and the request is not certified.