

<b>Case Number:</b>	CM13-0009546		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 39 year old male with date of injury of 01/14/2011. The patient has a diagnoses of Lumbar Facet Syndrome; Lumbar Radiculopathy; Thoracic strain; cervical radiculopathy, surgically improved. According to the report dated 06/26/2013, the patient complains of severe left leg pain. Physical examination shows tension signs on the left leg; paresthesias in the left buttock. Request is for left S1 selective nerve root block. MRI of L-spine, as described by the treater, showed severe left L5 foraminal stenosis, broad based disc herniation at L5-S1 with likely compression of the S1 nerve root, cause of left leg pain. MRI was from 2011. Report from 7/31/13 notes that the patient had "75% improvement after the two injections to his left leg. MRI of L-spine from 2011 is described by AME (9/11/12 report) as showing central annular tear, mild vertebral spurring at the L5-S1 slightly eccentric to the right, right paracentral disc protrusion at L5-S1, slightly decreased in size compared to prior examination from 2005. Then the AME described the patient having had 3 ESI's by [REDACTED] for the lumbar spine. The "first injection lasted about two weeks; the second for about a month; and the third injection for about two weeks." Cervical ESI also helped for about 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left S1 Selective Nerve Root Block:** 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 ESIs, Page(s): 46-47.

**Decision rationale:** This patient presents with chronic low back and left lower extremity pain. The treater has requested a repeat lumbar ESI at left S1 level. This request was denied by utilization review letter from 7/8/13. The rationale was that the "claimant has had two injections to his lower back. The left leg continues to be problematic." Review of the reports that included AME report from 9/11/12 that described the MRI and prior ESI's, the treater's reports from 6/26/13, 7/10/13, 7/31/13, and some prior reports from 2013 show that the treater would like to repeat the injection, with the statement that the patient has had "75% reduction of pain" with prior injections. MRI report was not found in the records but there were two references to the MRI from 2011, one by the treater and another by the AME. MRI appears to show an annular tear at L4-5 with right sided protrusion with degeneration at L5-S1. The treater's interpretation was "broad-based disc herniation at L5-S1 with S1 nerve root involvement." While the treater believes that the patient has had "75%" reduction of pain, the actual progress notes following the injection and operative reports are not available for my review. However, the AME's report is revealing in that the patient has had a very limited response to 3 ESI's the patient has received from [REDACTED]. The benefit was minimal with relief lasting only 2-4 weeks. MTUS guidelines require documentation of 50% reduction of pain lasting at least 6-8 weeks for repeat ESI's. In this case, the patient's prior injections did not provide significant reduction of pain and improvement in function to warrant a repeat injection. Furthermore, the AME's description of herniation at L5-S1 is toward the right-side, which is at the opposite side of the patient's left leg pain. The diagnosis of S1 radiculopathy has not been established. Recommendation is for denial.