

<b>Case Number:</b>	CM13-0047601		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 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/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 an employee of [REDACTED] and has submitted a claim for Lumbalgia with lumbar spondylosis, L4, left side greater than right associated with an industrial injury date of 4/17/2012. Treatment to date has included epidural steroid injections, physical therapy and medications including Flexeril, gabapentin, Norco 10/325, omeprazole, Naprosyn, Sentra and Theramine. Utilization review from 10/16/2013 denied the requests for left L5 selective nerve root block under fluoroscopic guidance under conscious sedation and left L4-5 transforaminal epidural steroid injection because there was no specific functional objective gained from previous steroid injections. Medical records from 2012 to 2014 were reviewed showing that patient has been complaining of chronic low back pain graded 1-8/10 aggravated by heavy lifting, bending over at the waist or with prolonged standing for more than an hour. Patient was still able to do housecleaning and cooking. Physical examination showed tenderness at lumbosacral area. Range of motion of lumbar spine was limited towards flexion at 45 degrees, extension at 25 degrees, and lateral bending at 20 degrees bilaterally. Range of motion of both hips seemed to be diminished bilaterally. She manifested with antalgic gait, however she was able to walk on her toes. Deep tendon reflexes were active at the knees and ankles. Sciatic tension tests and sitting straight leg raising tests were negative bilaterally. Supine straight leg raising resulted to pain into both buttocks at 65 degrees on either side. Motor strength was normal. Sensation was intact. X-ray of the lumbar spine, dated 12/21/2012, showed mild scoliosis with minimal degenerative change. MRI of the lumbar spine, dated 05/05/2012, revealed small multi-level posterior bulging and herniated discs. No spinal stenosis. Multi-level posterior annular tears and joint facet arthropathy. Moderate left neural foraminal narrowing at L4-5 from a combination of a disc and joint facet osteophytes. Electrophysiologic study, dated 01/29/2013, revealed lumbosacral radiculopathic process involving the L5-S1 nerve roots on the

left. The left peroneus longus and lumbosacral paraspinal muscles revealed increased insertional and spontaneous activity with normal motor unit potential amplitudes which may suggest a nerve root irritation involving the corresponding nerve root levels.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LEFT L5 SELECTIVE NERVE ROOT BLOCK UNDER FLUOROSCOPIC GUIDANCE CONSCIOUS SEDATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural Steroid Injection.

**Decision rationale:** As stated in page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, most current guidelines recommend no more than two epidural steroid injections. 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. In this case, the patient already received three epidural steroid injections. As stated in a report written on 11/01/2012, there was no noted benefit derived from the procedure. This is contrary to a progress report written on 08/02/2012 stating that it resulted to approximately 5-6 months of pain relief. However, there was no further documentation regarding the functional improvement associated with the procedure. The employee has failed to exhibit any evidence of improved Final Determination Letter for IMR Case Number CM13-0047601 4 performance of activities of daily living, and failed to exhibit any reduction in dependence on medical treatment. Moreover, CA MTUS does not address sedation in epidural steroid injections. The ODG Pain Chapter states that there is no evidence-based literature to make a firm recommendation as to sedation during an ESI. Routine use is not recommended except for patients with anxiety. In this case, there was no documented evidence regarding the need for conscious sedation in this procedure. Therefore, the request for left L5 selective nerve root block under fluoroscopic guidance conscious sedation is not medically necessary.

#### **LEFT L4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteris for the use of Epidural Steroid Injections. Page(s): 46. Decision based on Non-MTUS Citation ODG Pain (updated 10/14/13) Epidural Steroid Injections (ESIs)

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

**Decision rationale:** As stated in page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, most current guidelines recommend no more than two epidural steroid injections.

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. In this case, the patient already received three epidural steroid injections. As stated in a report written on 11/01/2012, there was no noted benefit derived from the procedure. This is in contrary to a progress report written on 08/02/2012 stating that it resulted to approximately 5-6 months of pain relief. However, there was no further documentation regarding the functional improvement associated with the procedure. The employee has failed to exhibit any evidence of improved performance of activities of daily living, and failed to exhibit any reduction in dependence on medical treatment. Therefore, the request for left L4-L5 transforaminal epidural steroid injection is not medically necessary.