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| <b>Case Number:</b>   | CM13-0069082 |                              |            |
| <b>Date Assigned:</b> | 02/24/2014   | <b>Date of Injury:</b>       | 04/28/2001 |
| <b>Decision Date:</b> | 05/23/2014   | <b>UR Denial Date:</b>       | 12/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/20/2013 |

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 57-year-old female with a reported injury date on April 28, 2001; the mechanism of injury was not provided in the medical records. An MRI dated September 17, 2013 found focal disc extrusion in the midline and to the right impinges the right S1 nerve root at the L5-S1 level. The operative report dated October 29, 2013 indicated that the injured worker underwent an epidural steroid injection for the right S1 nerve root. The clinical note dated November 18, 2013 noted that the injured worker had subjective findings of pain that was "much improved" following the procedure. Objective findings found that neurological sensation was grossly intact to light touch, reflexes were equal and normal bilaterally, negative straight leg raise, negative Patrick's test, negative Gaenslen's test, and no pain over the lumbar facets, paraspinal muscles, sacroiliac joint, piriformis, and trochanteric bursa. Diagnoses included lumbar degenerative disc disease. The request for authorization for lumbar nerve block L5-S1 was submitted on January 03, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR NERVE BLOCK L5-S1: 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 Steriod Injection Page(s): 46.

**Decision rationale:** The injured worker received an epidural steroid injection on October 29, 2013 that resulted in the injured worker expressing their unspecific pain was "much improved" as of November 18, 2013. The California MTUS guidelines recommend the use of epidural steroid injection for the treatment of radicular pain and repeat blocks can be used if there is continued documentation of pain and functional improvement, to include at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation provided did not adequately quantify the amount of pain relief the injured worker received and there was a lack of evidence of a decrease in medication use and improved function. The medical records supplied also did not show adequate evidence of radicular symptoms upon physical examination. Additionally, it is unknown how long the injured worker received pain relief following the previous epidural steroid injection. Based upon this lack of documentation the request for a lumbar nerve block L5-S1 is not medically necessary or appropriate.