

<b>Case Number:</b>	CM14-0008327		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	08/05/2002
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Occupational Medicine 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:

This is a 73-year-old patient with an August 5, 2002 date of injury. A February 12, 2014 progress report indicates persistent neck pain and headaches, ongoing low back pain. Physical exam demonstrates limited lumbar range of motion, unremarkable lower extremity motor exam. There is positive straight leg raise test on the left side. There is diminished sensation in the right L4 and right L5 dermatomes. A November 11, 2011 lumbar MRI demonstrates, at L4-5, a disk protrusion that flattens the ventral thecal sac. Treatment to date has included medication, home exercise, acupuncture, physical therapy, trigger point injections, and lumbar ESI (epidural steroid injection). Previous lumbar ESI at right L4 and L5 on October 3, 2012 has resulted in 90% symptomatic improvement for 4 weeks. On August 7, 2013, a right L4 and L5 lumbar ESI has resulted in 95% improvement for her over four months. There is documentation of a previous December 30, 2013 adverse determination for lack of recurrence of significant pain complaints; and lack of identified duration of pain relief and accompanying functional improvements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two right L4-L5 selective nerve root blocks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** Both the Low Back Complaints Chapter of the ACOEM Practice Guidelines and the Chronic Pain Medical Treatment Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, California Medical Treatment Utilization Schedule (MTUS) criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than four blocks per region per year. However, there remains no concise assessment of duration of pain relief obtained following the most recent lumbar ESI (epidural steroid injection). There is no assessment of associated increase in function or decrease in medication usage. There is also lack of positive imaging evidence of frank nerve root compromise at the proposed injection levels. Therefore, the request for two right L4-L5 selective nerve root block is not medically necessary or appropriate.