

<b>Case Number:</b>	CM14-0010867		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/18/2002
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 54-year-old male with a 7/18/02 date of injury. 1/23/14 letter of appeal indicates that the patient is followed for chronic neck pain and low back pain radiating to the left lower extremity with numbness, tingling and weakness. Physical exam demonstrates antalgic gait, lumbar tenderness, lumbar spasm, limited lumbar ROM, and decreased sensation in the left L4-S1 dermatomes. There was decreased left lower extremity strength and positive SLR on the left. Most recent ESI on 5/30/13 provided 60% pain relief for 2 months. 5/17/12 lumbar MRI demonstrates, at L4-5, bilateral neural foraminal stenosis with compression of the bilateral transiting nerve roots; and, at L5-S1, bilateral neural foraminal stenosis with encroachment on the bilateral exiting nerve roots. Treatment to date has included medication, lumbar ESI, and activity modification. There is documentation of a previous 1/14/14 adverse determination for lack of significant improvement following three previous lumbar ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 LEFT L4-S1 TRANSFORAMINAL BLOCK:** Overturned

**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 based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: AMA GUIDES, RADICULOPATHY.

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA 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 4 blocks per region per year. The patient presents with recurrent clinical L5 and S1 radiculopathy per physical exam findings. lumbar MRI demonstrates, at L4-5, bilateral neural foraminal stenosis with compression of the bilateral transiting nerve roots; and, at L5-S1, bilateral neural foraminal stenosis with encroachment on the bilateral exiting nerve roots. Treatment to date has included medication, lumbar ESI, and activity modification. Most recent ESI on 5/30/13 provided 60% pain relief for 2 months. Therefore, given positive response to previous ESI and recurrent of objective radiculopathy, the request for 1 Left L4-S1 Transforaminal block is medically necessary.