

<b>Case Number:</b>	CM14-0017719		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	11/25/2005
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Physical Medicine & Rehabilitation 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 sustained an injured on November 25, 2005 when she slipped and fell on ice injuring her low back. Prior treatment history has included pain medications, physical therapy, home exercise program (HEP) and yoga. On March 22, 2013, the patient underwent lumbar medial branch block at the L3, L4 and L5 levels. On November 08, 2013, she underwent right L4 and L5 transforaminal epidural steroid injection. A progress note from November 14, 2013 documented that the patient was status post lumbar epidural on November 08, 2013 with 60% pain relief for the first 2 days. She states that her pain has returned and is back at baseline level. She is bedridden due to the pain. A primary treating physician's progress report dated March 11, 2014 documents that the patient has tried to cut down on her Fentanyl patch but she was in severe low back pain, it did not work. Objective findings on examination of the lumbar spine reveal that she is in a severe amount of pain and she stands with flexion of 5 degrees. There is tenderness in the lumbar spine at 4+ with muscle spasm. Leg raising is positive at 25 degrees. Reflexes are normal and Babinski negative. She has hypoesthesia in the right leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT L4 SELECTIVE NERVE ROOT BLOCK UNDER FLUOROSCOPIC GUIDANCE:** 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 Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** The California MTUS recommends ESI's as an option for treatment of radicular pain. Criteria for the use of epidural steroid injections include a positive radiculopathy that is documented on physical examination and is corroborated by imaging studies. The medical records fail to demonstrate a clinical radiculopathy. The records available state the reflexes are normal, there is no muscle strength documented, muscle atrophy not reported and sensation testing of defined dermatomes was not included. The records also lacked any diagnostic studies. 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. It is documented the patient has had two prior ESI's. The last one was performed on November 08, 2013 at right L4-L5; six days following this procedure the patient returned to her physician stating that the pain has returned and is back at its baseline level. The epidural received provided pain relief of 60% for the first two days. Based on the lack of clearly documented radiculopathy and the prior unsuccessful ESI's, the request is not medically necessary.

**RIGHT L5 SELECTIVE NERVE ROOT BLOCK UNDER FLUOROSCOPIC GUIDANCE:** 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 Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** The California MTUS recommends ESI's as an option for treatment of radicular pain. Criteria for the use of epidural steroid injections include a positive radiculopathy that is documented on physical examination and is corroborated by imaging studies. The medical records fail to demonstrate a clinical radiculopathy. The records available state the reflexes are normal, there is no muscle strength documented, muscle atrophy not reported and sensation testing of defined dermatomes was not included. The records also lacked any diagnostic studies. 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. It is documented the patient has had two prior ESI's. The last one was performed on November 08, 2013 at right L4-L5; six days following this procedure the patient returned to her physician stating that the pain has returned and is back at its baseline level. The epidural received provided pain relief of 60% for the first two days. Based on the lack of clearly documented radiculopathy and the prior unsuccessful ESI's, the request is not medically necessary.