

<b>Case Number:</b>	CM14-0153103		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 a 43 year old male with an injury date of 08/19/11. The 08/14/14 progress report by [REDACTED] states that the patient presents with lower back pain for 3 years with a sudden onset of pain following a fall. Pain is constant and aching and as well as sharp intermittently with stabbing sensations to the right buttock and radiates to the left leg, right buttock and left groin. Pain is rated 6/10 at the time of exam and 9/10 without medication. The patient is noted to be on modified duty on 07/23/14. Physical examination reveals Tinel's tap test positive right, L2-S2 dermatomes "WNL" and pain with palpation and percussion to T10. The 05/20/14 MRI without contrast provided is for the cervical spine. The 05/20/14 operative report for percutaneous removal of Intrathecal catheter and analysis and programming of the CADD pump has a postsurgical diagnosis of lumbar disc protrusion. The 05/13/14 operative procedure for percutaneous placement of Intrathecal catheter presents a postoperative diagnosis of Lumbar disc herniation. The patient's diagnoses include: 1. Displacement Cervical intervertebral disc without myelopathy 2. Spinal stenosis lumbar region without neurogenic claudications 3. Displacement Lumbar intervertebral disc without myelopathy 4. Primary localized osteoarthritis other specified sites The utilization review being challenged is dated 09/15/14. Reports were provided from 01/13/14 to 08/14/14.

### 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 injection:** 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 under Criteria for use Page(s): 46-47.

**Decision rationale:** The 08/12/14 report notes a prior epidural steroid injection (date unknown) in addition to physical therapy and surgery, and the patient is noted to state that prior treatments have not helped much. The reports provided offer no further discussion. The utilization review of 09/15/14 cites two prior lumbar ESIs authorized for the period from 07/01/13 to 08/30/13. On 05/26/14 the treating physician notes that he believes symptoms down the left leg are permanent and may be secondary to chronic nerve root irritation. For repeat ESIs, the MTUS requires 50% reduction of pain for weeks or more and functional improvement with reduction of medication use. In this case, such documentation of improvement from prior injections are not provided. There is evidence that prior injections did not do much. The treating physician does not explain why a repeat injection is being requested. As such, the request is not medically necessary.