

<b>Case Number:</b>	CM14-0186229		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	08/25/2005
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Pain Management, 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 56 year old with an injury date on 8/25/08. Patient complains of right low lumbar pain radiating to the right buttock, right lateral thigh/posterior calf per 10/23/14 report. Patient states that back and right extremity pain have become more severe, and is having difficulty working due to pain per 10/23/14 report. Patient is not taking Neurontin due to side effects per 10/23/14 report. Based on the 10/23/14 progress report provided by the treating physician, the diagnoses are: 1. right S1 radiculopathy with right lower extremity weakness2. Right L5 radiculopathy with positive EMG3. Central L5-S1 HNP with nerve impingement4. Right sided L5-S1 HNP with nerve impingement5. Right L5-S1 stenosis6. Lumbar s/sExam on 10/23/14 showed "L-spine range of motion restricted, with flexion worse than extension. Positive straight leg raise on the right. Muscle strength 5/5 in all extremities, except for 4+/5 strength in the right gastrosoleus." Patient's treatment history includes medications (NSAIDs), physical therapy. The treating physician is requesting right SI selective nerve root block, and fluoroscopic guided right L5-S1 transforaminal epidural steroid injection. The utilization review determination being challenged is dated 10/24/14 as patient had two prior epidural steroid injection at the same level with favorable response (but include reports only include one), and lack of documentation of functional improvement. The requesting physician provided treatment reports from 1/2/14 to 11/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right S1 selective nerve root block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** This patient presents with lower back pain, right leg/extremity pain. The treater has asked for right S1 selective nerve root block on 10/23/14. A prior L5-S1 epidural steroid injection that provided 100% relief for 4 months per 1/2/14 report. The MRI of the L-spine was not mentioned in reports. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient had a prior L5-S1 epidural steroid injection that provided 100% relief for 4 months per 1/2/14 report. The current request is for S1 injection to address the S1 nerve root problem. The patient has significant radicular symptoms, with positive exam findings. The patient appears to have had good response to prior injections although functional improvement and medication reductions were not documented. Given disc herniation at L5-S1, the requested injection appears reasonable. Recommendation is for authorization.

**Fluoroscopic guided right L5-S1 transforaminal epidural steroid injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** This patient presents with lower back pain, right leg/extremity pain. The treater has asked for fluoroscopic guided right L5-S1 transforaminal epidural steroid injection on 10/23/14. A prior L5-S1 epidural steroid injection from some time in 2013 apparently provided 100% relief for 4 months per 1/2/14 report. An MRI of the L-spine was not discussed other than what is found on list of diagnoses. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient received 100% relief for 4 months from a prior epidural steroid injection. The patient has significant leg symptoms, positive exam findings, and an MRI showing HNP at L5-S1. Recommendation is for authorization.