

<b>Case Number:</b>	CM14-0040123		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Pain 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:

The injured worker is a 47-year-old male who reported an injury on 02/07/2012. The mechanism of injury was noted to be an accident with a wrench. His diagnoses were noted to be left lumbosacral radiculopathy, large herniated disc at L4-5 and L5-S1 level, severe lumbar strain, and cervical spine strain with myofasciitis, left knee pain, and depression secondary to chronic pain. Past treatments were noted to be physical therapy, transcutaneous electrical nerve stimulation, acupuncture, and a psychiatric treatment. The injured worker had x-rays of the lumbosacral spine, x-ray of the pelvis, an MRI of the left knee, an MRI of the lumbar spine, and a chest x-ray. The injured worker was seen for a pain management consultation. His complaints were severe low back pain and left leg pain. He rated his pain at an 8 to 10 on a scale of 0 to 10. He indicated his pain was sharp, shooting, stabbing, and burning in nature. The injured worker indicated his pain was associated with muscle spasms and stiffness. Pain increased with activity, as well as prolonged sitting, standing, and walking for more than 15 to 20 minutes. He indicated pain was also associated with weakness, numbness, and tingling sensation in the left lower extremity. The injured worker also reported pain in the cervical spine, left shoulder, right wrist, and left knee as a result of repetitive work related injuries. He underwent left knee arthroscopic surgery in the past but still continues to have pain that is mild to moderate in nature. The physical examination of the lumbar spine noted tenderness from L3-5 bilaterally. There was lumbar facet tenderness at L4-5 and L5-S1 level. Pain in the lumbar spine worsened on extension, side bending, and rotation of the spine. Range of motion of the lumbar spine was limited. Sciatic notch tenderness was negative bilaterally. Straight leg raise was positive on the left at 45 degree elevation of the leg. Deep tendon reflexes were 1+ on the left and 2+ on the right at the knee and the Achilles tendon. There was weakness to the left lower extremity in the L4-5 myotomes. The cervical spine was tender from C3-C6 bilaterally. Range of motion of the

cervical spine was limited. The neurological exam of the cervical spine was normal. Examination of the left knee noted painful to flexion and extension. Relevant medications include hydrocodone. The treatment plan was for an epidural steroid injection and a home exercise program. The provider's rationale for the request was provided within the documentation. The Request for Authorization for medical treatment was not provided within this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left L4-L5 nerve root block:** 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 ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, ESI.

**Decision rationale:** California MTUS/ACOEM state invasive techniques (local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in injured workers with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. The Official Disability Guidelines recommend epidural steroid injections as a possible option for short term treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehabilitation efforts. The purpose of an epidural steroid injection is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction in medication use, and avoiding surgery, but this treatment offers no significant long term functional benefit. The criterion for use of epidural steroid injections includes documented radiculopathy due to herniated nucleus pulposus, not spinal stenosis. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or Electrodiagnostic testing. The documentation must provide failed conservative treatment, including exercise, physical methods, NSAIDs, and muscle relaxants. The injections should be performed using fluoroscopy and injection of contrast for guidance. The documentation submitted for review fails to indicate the injured worker being unresponsive to conservative treatment of exercise, physical methods, NSAIDs, and muscle relaxants. Request fails to provide an indication of use of fluoroscopy for guidance. The official MRI of the lumbar spine does not corroborate radiculopathy. As such, the request for left L4-5 nerve root block is not medically necessary.