

<b>Case Number:</b>	CM14-0093726		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/17/2007
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 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:

28y/o female injured worker with date of injury 4/17/07 with related low back pain. Per progress report dated 6/6/14, the injured worker complained of residual intermittent dull pain in the right aspect of the low back ranging from 7-9/10 with the pain radiating down the right lower extremity. Per physical exam, tenderness to palpation was noted over the paraspinal musculature at L5 and S1 on the right. There was also tenderness to palpation over the right sacroiliac joint. Straight leg raising test was positive on the right, deep tendon reflexes were normal and symmetrical, sensation was intact, gait was antalgic. MRI of the lumbar spine dated 4/21/14 noted: 1. L4-L5 remote right hemilaminotomy. Right paracentral disc protrusion and annular tearing resulting in mild neural foraminal stenosis and right greater than left lateral recess encroachment. 2. L3-L4 mild central inferior endplate marrow edema, diffuse disc bulge and posterior annular tearing. 3. Mild L4-S1 facet arthropathy. Treatment to date has included injections, acupuncture, physical therapy, and medication management. The date of UR decision was 6/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray guided selective nerve root block injection, right L5 and S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review does not contain physical exam findings of radiculopathy. The MRI findings documented did demonstrate findings consistent with radiculopathy. The documentation submitted does not include EMG/NCS. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. Furthermore, the request does not specify at what level the procedure is to be performed.