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| <b>Case Number:</b>   | CM14-0202603 |                              |            |
| <b>Date Assigned:</b> | 12/15/2014   | <b>Date of Injury:</b>       | 09/18/1997 |
| <b>Decision Date:</b> | 02/03/2015   | <b>UR Denial Date:</b>       | 11/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/03/2014 |

### 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 Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 73 year old female with date of injury of 9/18/1997. A review of the medical records indicate that the patient is undergoing treatment for lumbosacral neuritis, cervicgia, and sacroilitis. Subjective complaints include continued 9/10 pain in bilateral lower back with radiation down both legs with numbness and weakness. Objective findings include previous EMG (9/27/2014) showed no lumbosacral motor radiculopathy in either limb; MRI showed degenerative spondylolisthesis with L4-5 stenosis from 11/11/2014; exam showed 2+ reflexes in upper extremities and no motor deficits. Treatment has included previous ESI with 75% improvement, acupuncture, physical therapy, Lidoderm patches, Celebrex, meloxicam, and baclofen. The utilization review dated 11/5/2014 non-certified Nerve Root Block (NRB)/TFEST- : Lumbar Spine Right S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Root Block (NRB)/ TFEST- : Lumbar Spine Right S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic.

**Decision rationale:** Selective nerve root blocks are also known as epidural transforaminal injection. MTUS states, "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 specific levels being injected are not addressed. It is not clear that radicular symptoms are present on both exam and with radiological imaging. It is unclear whether the 75% reduction in pain from a previous ESI resulted in reduction of medication for 6 to 8 weeks. Therefore, the request for Nerve Root Block (NRB)/ TFEST- : Lumbar Spine Right S1 is not medically necessary.