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| <b>Case Number:</b>   | CM15-0161138 |                              |            |
| <b>Date Assigned:</b> | 08/27/2015   | <b>Date of Injury:</b>       | 04/13/2011 |
| <b>Decision Date:</b> | 10/02/2015   | <b>UR Denial Date:</b>       | 08/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/17/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 13, 2011. In a Utilization Review report dated July 31, 2015, the claims administrator failed to approve a request for an L5 lumbar nerve root block. The claims administrator referenced a variety of MTUS and non-MTUS guidelines in its determination. A July 2, 2015 progress note was also cited. It was suggested (but not clearly stated) that the applicant had had a prior epidural steroid injection. The applicant's attorney subsequently appealed. On a July 23, 2015 RFA form, a lumbar nerve root block was endorsed. In an order form dated July 2, 2015, a left/right L5 nerve root block/epidural injection was sought. In an associated July 2, 2015 progress note, the applicant reported 7/10 low back pain and 8/10 bilateral knee pain. The applicant was on Norco, Duexis, Lunesta, and diclofenac, it was reported. The applicant's BMI was 27. A lumbar nerve root block was endorsed. The applicant did exhibit a limp, it was stated in one section of the note, while another section of the note stated that the applicant exhibited a normal gait. The applicant exhibited normal lower extremity motor function with negative straight leg raising bilaterally. There was no explicit mention of whether the applicant had or not had a prior epidural injection on this date. Lumbar MRI imaging dated March 30, 2013 was notable for the absence of any significant disk bulge or focal disk herniation, a bulging L5-S1 disk abutting but not compressing the L5 nerves, multilevel facet hypertrophy, borderline L3-L4 stenosis, and chronic L5 spondylosis. In an earlier December 23, 2014 progress note, it was stated that the applicant had had a prior lumbar epidural steroid injection. The applicant was intent on pursuing

a repeat epidural steroid injection, it was reported. The applicant's pain was unremitting, resulting in an overall deterioration in quality of life, it was reported. The applicant apparently developed derivative complaints of depression, it was reported. The applicant was on Norco, Valium, diclofenac, and Cymbalta, it was reported. The applicant's work status was not furnished.

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

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

#### **Bilateral L5 lumbar nerve root block/TFESI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** No, the request for a bilateral L5 lumbar root block/epidural injection is not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural injections are recommended as an option in the treatment of radicular pain, here, however, the attending provider's progress note of July 2, 2015 was thin and sparsely developed and did not clearly report the presence of radicular pain complaints (if any) on that date. The applicant was described as having ongoing complaints of low back pain with associated muscle spasms, 7/10. There was no explicit mention of the applicant's having radicular complaints on this date. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant was described as having had a prior lumbar epidural steroid injection on an earlier progress note of December 23, 2014. It did not appear, however, that the applicant had derived lasting benefit from the same. The applicant's work status was not clearly reported on July 2, 2015, suggesting that the applicant was not, in fact, working. The applicant remained dependent on opioid agents such as Norco, it was acknowledged on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior lumbar epidural steroid injection. Therefore, the request for a repeat epidural injection is not medically necessary.