

<b>Case Number:</b>	CM15-0185007		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32 year old male, who sustained an industrial-work injury on 6-26-12. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, lumbar radiculopathy, sciatica, and long term use of medications. Medical records dated (2-17-15 to 8-14-15) indicate that the injured worker complains of severe and constant low back pain, right hip and right leg pain. He reports the medications reduce the pain slightly but is still having difficulties with functioning. There is stiffness in the low back with pins and needles and tingling in the bilateral lower extremities (BLE). The symptoms are aggravated by prolonged activity and alleviated by medications, rest and ice. The pain is rated 10+ at its worst and 6 at best on pain scale of 1-10. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 6-20-15 the work status is with restrictions. The physical exam dated 8-14-15 reveals severe tenderness, spasm and radiation demonstrated at L2-5 and S1. The lumbar range of motion with extension and left and right lateral rotation was decreased slightly due pain. The sensory exam showed no focal deficits. The straight leg raise in supine position was positive on the right. Treatment to date has included pain medication, rest, ice, heat, diagnostics, physical therapy (unknown amount) with no help, Nonsteroidal anti-inflammatory drugs with no relief, and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 10-31-14 reveals L5-S1 moderate disc space narrowing and 6 millimeter anterolisthesis of L5 with respect to S1. This causes uncovering of the disc and bilateral neural foramen stenosis. There is a foraminal protrusion at L2-3 causing mild left neural foramen stenosis. The request for authorization date was 8-20-15 and requested service included

Right lumbar spine selective root injection (unspecified level) as an outpatient. The original Utilization review dated 8-27-15 non-certified the request.

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

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

**Right lumbar spine selective root injection (unspecified level) as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The patient was injured on 06/26/12 and presents with low back pain, right hip pain, and right leg pain. The request is for a RIGHT LUMBAR SPINE SELECTIVE ROOT INJECTION (UNSPECIFIED LEVEL) AS AN OUTPATIENT. The RFA is dated 08/20/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient had a recent ESI of the lumbar spine. MTUS Guidelines, Epidural Steroid Injections Section, pages 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." The 08/14/15 report states that the patient has localized pain in the lower back at L1-S1 and L3-S1, he describes the pain as pins/needles/tingling, he has radiculopathy down the right leg and to the bilateral lower extremities, and has severe tenderness, spasm, and radiation at L2, L3, L4, L5, and S1. The patient is diagnosed with low back pain, lumbar radiculopathy, sciatica, and long term use of medications. The 10/31/14 MRI of the lumbar spine revealed a moderate disc space narrowing and 6 mm anterolisthesis of L5 with respect to S1 which causes the uncovering of the disc and moderate bilateral neural foramen stenosis at L5-S1. There is also a 2 mm left foraminal protrusion which causes mild left neural foramen stenosis at L2-L3. Review of the reports does not indicate if the patient had a prior ESI of the lumbar spine. The request however, does not state what levels to be injected for selective nerves. There is no clear documentation of what level radiculopathies are present. The patient appears to present with diffuse leg symptoms without a specific radiculopathies. Radiation of symptoms is at all lumbar levels and the MRI findings do not support this. The request IS NOT medically necessary.