

<b>Case Number:</b>	CM15-0187691		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	06/27/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 injury on 6-27-14. The injured worker is being treated for depressive disorder, lumbosacral neuritis, and lumbosacral disc degeneration. Magnetic resonance imaging (MRI) of lumbar spine performed on 2-13-15 revealed broad based central disc herniation at L4-5 with an annular tear along the caudal margin, and broad based central-left paracentral disc herniation at L5-S1 with an annular tear with mild central spinal canal stenosis. Treatment to date has included lumbar epidural steroid injection (on 8-12-15 which provided about 10% pain relief and got rid of permanent throbbing pain in low back), chiropractic care, oral medications including Cymbalta 30mg, gabapentin 600mg, cyclobenzaprine 5mg, naproxen 550mg, and ibuprofen 200mg. Documentation does not indicate if chiropractic treatments or medications provided relief of symptoms. On 8-27-15, the injured worker complains of unchanged pain in lumbar spine rated 8 out of 10 and described as aching, hot, numbness, sharp, shooting, spasm, and unchanged pain in bilateral legs rated 8 out of 10 described as hot, aching, numb, sharp, shooting, spasm, throbbing, tightness and tingling. Disability status is noted to be permanent and stationary. Physical exam performed on 8-27-15 revealed tenderness to palpation over the right lumbar facets, left lumbar facets, right thoracolumbar spasm, left thoracolumbar spasm, painful range of motion, and antalgic gait. The treatment plan included a repeat transforaminal steroid injection at L4-5 and continuation of current medications. On 9-22-15, request for repeat transforaminal steroid injection at L4-5 was non-certified by Utilization Review.

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

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

### **Lumbar nerve root block transforaminal epidural injection at right L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The MTUS cited recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The injured worker must have radiculopathy documented by exam, corroborated by imaging and/or electrodiagnostic studies, and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminar level injection per session. Furthermore, repeat blocks are based on continued pain reduction and objective functional improvement, with at least 50% pain relief, and an associated reduction of medication use for six to eight weeks. In the case of this injured worker, recent treating provider notes document normal sensation, reflexes, and strength in the bilateral lower extremities. Additionally, the lumbar ESI on 8-12-15 documented only a 10% reduction in his pain. Therefore, the request does not meet guideline criteria, so the lumbar nerve root block transforaminal epidural injection at right L5-S1 is not medically necessary and appropriate.