

<b>Case Number:</b>	CM15-0188746		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 50-year-old male who sustained an industrial injury on 9/25/12. The mechanism of injury was not documented. He underwent L4/5 lumbar discectomy performed 1/14/15 and underwent post-op physical therapy. Records documented persistent severe low back and right lower extremity pain. The 4/13/15 lumbar spine MRI revealed a diffuse L4/5 disc bulge with post-operative changes consistent with a right sided discectomy and foraminotomy. He underwent L4/5 transforaminal epidural steroid injection on 6/23/15. The 7/7/15 treating physician report cited continued grade 6/10 to 10/10 low back pain with severe weakness and radicular pain in the right left and erectile dysfunction of recent onset. He completed the first of three nerve root blocks. Physical exam documented left paraspinal tenderness from L3 to S1, limited and painful lumbar flexion and extension, and right sciatic notch tenderness. There was right lower extremity weakness and decreased dorsiflexion. He was unable to heel or toe walk on his right lower extremity. He had numbness over the right L4 and L5 numbness. There was decreased left Achilles reflex. The diagnosis included lumbar degenerative disc disease, erectile dysfunction, lumbar herniated nucleus pulposus, and lumbar radicular pain. The injured worker was not working. The 8/21/15 treating physician report cited back pain radiating into the right buttock and calf with numbness and weakness. He had undergone another transforaminal nerve root block without improvement in symptoms. Physical exam documented diffuse mid-lumbar diffuse tenderness to palpation, negative straight leg raise, diminished right lateral shin and anterior foot sensation, and 5/5 lower extremity strength. The diagnosis was failed back syndrome and lumbar radiculopathy. A trial of spinal cord stimulator was recommended to see if

it would improve the patient's radicular pain on the right lower extremity. Authorization was requested for a spinal cord stimulator trial and a 3rd transforaminal epidural steroid injection at L4/5. The 9/10/15 utilization review non-certified the request for spinal cord stimulator trial as there was evidence of neural impingement on advanced imaging and a spinal cord stimulator would not likely provide substantial benefit. The request for a 3rd transforaminal epidural steroid injection was non-certified as at least 2 prior transforaminal epidural steroid injections were provided without substantial improvement, and as such did not provide a clear indication for proceeding with an additional epidural steroid injection.

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

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

#### **Spinal Cord Stimulator Trial: 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): Spinal cord stimulators (SCS).

**Decision rationale:** The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been met. This injured worker underwent a L4/5 decompression surgery in January 2015 with persistent radicular pain in the post-operative period. Clinical exam findings are consistent with reported imaging evidence of a diffuse disc bulge at L4/5. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no documentation of a psychological clearance. Therefore, this request is not medically necessary.

#### **3rd Transforaminal Epidural Steroid Injection L4-5: 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 California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Repeat injections should be based on continued objective documented pain and

functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Guideline criteria have not been met. This injured worker had two recent epidural steroid injections with records indicating no improvement in his symptoms. Repeat injections are not supported in the absence of at least 50% pain relief and associated reduction in medication use for 6 to 8 weeks. Therefore, this request is not medically necessary.