

<b>Case Number:</b>	CM15-0199250		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 53 year old female, who sustained an industrial injury on 5-23-14. The injured worker is diagnosed with right L5 vs S1 radiculopathy, L2-L3, L3-L4 and L5-S1 disc herniation, L4-L5 moderate severe bilateral neural foraminal stenosis, lumbar degenerative disc disease, lumbar facet joint arthropathy, right sacroiliitis and right sacroiliac joint pain. Her work status is modified duty. Notes dated 7-21-15, 8-27-1 and 9-24-15 reveals the injured worker presented with complaints of bilateral low back pain (right greater than left) that radiates to her bilateral buttocks (right greater than left), right thigh and calf. Her pain is increased by lifting, driving, lying down, any activities and prolonged sitting and standing and relieved by lying on her back, sitting, standing and medications. Physical examinations dated 7-21-15, 8-27-15 and 9-24-15 revealed tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L4-S1 facets (right greater than left) and right sacroiliac joints. There is decreased lumbar spine range of motion. The following tests were positive; lumbar discogenic including provocative maneuvers, pelvic rock and sustained hip flexion, Gaenslen's, sacroiliac compression, Yeoman's pressure at the sacral sulcus and straight leg raise was positive on the right. Treatment to date has included L4-L5 and L5-S1 transforaminal lumbar epidural steroid injection, which provided a 50% reduction in pain per noted dated 8-27-15 and a TENS unit provides pain relief per note dated 6-25-15. A note dated 7-21-15 states the injured worker has experienced therapeutic failure from physical therapy, anti-inflammatory medications and conservative treatments. Diagnostic studies to date have included MRI and electrodiagnostic study. A request for authorization dated 9-24-15 for fluoroscopically guided transforaminal right lumbar epidural steroid injection at L4-L5 and L5-S1, selective nerve root at right L5 and S1 and follow up visit two weeks after injection is denied, per Utilization Review letter dated 10-8-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided transforaminal lumbar epidural steroid injection right L4-L5 qty 1.00:** Upheld

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

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

**Decision rationale:** A selective nerve root block, or transforaminal epidural steroid injection (ESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, there was documentation of 50% improvement of the patient's back pain for 1 month, not the 6 to 8 weeks that is required by the guidelines. Medical necessity of the requested fluoroscopically guided transforaminal lumbar epidural steroid injection right L4-L5 has not been established. The requested service is not medically necessary.

**Fluoroscopically guided transforaminal lumbar epidural steroid injection right L5-LS1 qty 1.00:** Upheld

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

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

**Decision rationale:** A selective nerve root block, or transforaminal epidural steroid injection (ESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using

transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, there was documentation of 50% improvement of the patient's back pain for 1 month, not the 6 to 8 weeks that is required by the guidelines. Medical necessity of the requested fluoroscopically guided transforaminal lumbar epidural steroid injection right L5-S1 has not been established. The requested service is not medically necessary.

**Selective nerve root at right L5:** Upheld

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

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

**Decision rationale:** A selective nerve root block, or transforaminal epidural steroid injection (ESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, there was documentation of 50% improvement of the patient's back pain for 1 month, not the 6 to 8 weeks that is required by the guidelines. Medical necessity of the requested selective nerve root at right L5 has not been established. The requested service is not medically necessary.

**Selective nerve root at right S1 qty 1.00:** Upheld

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

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

**Decision rationale:** A selective nerve root block, or transforaminal epidural steroid injection (ESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain

relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, there was documentation of 50% improvement of the patient's back pain for 1 month, not the 6 to 8 weeks that is required by the guidelines. Medical necessity of the requested selective nerve root at right S1 has not been established. The requested service is not medically necessary.

**Follow up visit two weeks after injection qty 1.00:** Upheld

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

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

**Decision rationale:** The requested ESI's and selective nerve root injections are not medically necessary. Therefore, there is no indication for a follow-up visit. Medical necessity for the requested follow-up visit 2 weeks after injection has not been established. The requested service is not medically necessary.