

<b>Case Number:</b>	CM15-0203701		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	05/14/2008
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Oregon, Washington  
 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:

The injured worker is a 36 year old male, who sustained an industrial injury on 5-14-2008. The injured worker was being treated for postsurgical arthrodesis status, lumbago, sciatica, and chronic pain syndrome. Medical records (7-13-2015, 7-28-2015, 8-13-2015, and 9-10-2015) indicate ongoing low back pain with right lower extremity pain. On 9-10-2015, the injured worker reported his pain level that is 60% of the severity prior to the epidural injection 3 months prior. The injured worker reported that the epidural steroid injection decreased his pain by 50-60% allowed him to sleep more normally. The physical exam (7-13-2015, 7-28-2015, 8-13-2015, and 9-10-2015) reveals a palpable 1-1.5 cm semi-soft semi-mobile mass over the right iliac crest at approximately the L4 level and tenderness over the L5-S1 facet region and 6 cm right of L5. There was lumbar flexion was 70 degrees and extension was 15 degrees, marked complaints of pain with bilateral facet loading, and decreased sensation in the posterior calf inferiorly extending to the lateral aspect of the right foot. There was back pain with straight leg raise and mild tenderness to palpation of the right anterior hip. The MRI of the lumbar spine dated 4-20-2015 stated there had been an intervertebral fusion at the L5-S1 (lumbar 5-sacral 1) level with mild bilateral facet joint hypertrophy. At L4-5, there was a 2-3 mm diffuse disc bulge which was indenting the thecal sac and encroaching along the bilateral foraminal exit zones, left slight greater than right, contributing to mild left foraminal exit zone compromise. Surgeries to date have included a right sacral iliac fusion in 2014 and a L5-S1 fusion with subsequent hardware removal. The operative report dated 6-19-2015 indicates the injured worker underwent a right L4-5 transforaminal epidural steroid injection. Treatment has included aquatic therapy, a home

exercise program, an H-wave machine, work restrictions, and medications including oral pain, topical pain, antidepressant, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (9-10-2015 report), the injured worker was to return to work with restrictions that include no lifting, no repetitive bending or stooping, and minimal walking. The requested treatments included a right L4 selective nerve root block. On 9-18-2015, the original utilization review non-certified a request for a right L4 selective nerve root block.

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

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

**Right L4 selective nerve root block 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:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). CA MTUS criteria for epidural steroid injections are: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)

8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case the exam notes from 9/10/15 do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. Therefore the determination is for non-certification, not medically necessary.