

<b>Case Number:</b>	CM15-0205666		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, Hawaii

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 43 year old male, who sustained an industrial injury on 7-15-13. The documentation on 9-2-15 noted that the injured worker has complaints of increased pain with standing and walking. The injured worker states that since the surgery he has been able to increase his daily activities, however over the past few weeks he has experienced an increase in stabbing and burning pain from the buttocks down the lower extremities, right worse than left. lumbar spine magnetic resonance imaging (MRI) on 8-24-15 revealed degenerative disc disease and facet arthropathy with postoperative changes and retrolisthesis L2-3, L3-4 and L4-5; canal stenosis includes L3-4, mild to moderate and L4-5 moderate to severe due to large left paracentral disc extrusion including L3-4 mild to moderate and L4-5 moderate to severe due to large left paracentral disc extrusion including the left lateral recess at L4-5; in addition, L5-S1 (sacroiliac) left paracentral protrusion narrows the left greater than right lateral recess with contact of the left greater than right S1 (sacroiliac) nerve roots and neural foraminal narrowing includes L3-4 moderate to severe left, moderate right L4-5 moderate bilateral. The diagnoses have included lumbar herniated nucleus pulposus (HNP) and lumbar canal stenosis. Treatment to date has included MLD left L3-4 on 4-28-15; epidural steroid injections; status post microlumbar decompression surgery at L5 through S1 (sacroiliac) in September 2012; 8 sessions of acupuncture therapy which only minimally helped; 28 sessions of chiropractic therapy which helped tremendously; etodolac; LidoPro cream; Norco; gabapentin and Fluoxetine. The original utilization review (9-28-15) non-certified the request for transforaminal epidural steroid injection

left L5-S1 foramen (L5 root) and transforaminal epidural steroid injection left S1-2 Foramen (S1 root).

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

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

#### **TF ESI Left L5-S1 Foramen (L5 Root): 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:** The patient presents with diagnoses that include lumbar herniated disc and lumbar canal stenosis. The patient recently complained of increased pain radiating to his lower extremities, right worse than left as well as decreased sensation in the right S1 dermatome to light touch. The current request is for TF ESI Left L5-S1 Foramen (L5 Root). The treating physician states in the treating report dated 9/2/15 (23A), "I request a transforaminal epidural steroid injection to the left L5-S1 foramen (L5 root), and S1-2 foramen (S1 root), given the patient's flare-up of pain, physical exam findings, and MRI findings." MTUS Guidelines support the usage of ESI for the treatment of radicular pain that must be documented in physical examination and corroborated by diagnostic imaging - testing. Additionally, the radicular pain should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Finally, 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. MTUS specifies that no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. In this case, the clinical history documents that the patient has previously had a prior TF ESI at left L4, L5 and S1 in March of 2015 leading to the patient reporting a 40-50% improvement in pain and improved ADLs (10A). However, the clinical history (39A) also notes the "TFESI on the left side at L4, L5 and S1 on 3/27/15 reports no significant improvement with this treatment." The clinical history does note diagnostic imaging consistent with the patient's radicular symptoms as well as the patient's chronic pain. However, given the patient's documented improvement from the prior injection is inconsistent it cannot be determined, with any degree of accuracy, that the patient experienced at least 50% improvement lasting for six to eight weeks as required by MTUS Guidelines. The current request is not medically necessary.

#### **TF ESI Left S1-2 Foramen (S1 Root): 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:** The patient presents with diagnoses that include lumbar herniated disc and lumbar canal stenosis. The patient recently complained of increased pain radiating to his lower extremities, right worse than left as well as decreased sensation in the right S1 dermatome to light touch. The current request is for TF ESI Left L5-S1 Foramen (L5 Root). The treating physician states in the treating report dated 9/2/15 (23A), "I request a transforaminal epidural steroid injection to the left L5-S1 foramen (L5 root), and S1-2 foramen (S1 root), given the patient's flare-up of pain, physical exam findings, and MRI findings." MTUS Guidelines support the usage of ESI for the treatment of radicular pain that must be documented in physical examination and corroborated by diagnostic imaging - testing. Additionally, the radicular pain should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Finally, 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. MTUS specifies that no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. In this case, the clinical history documents that the patient has previously had a prior TF ESI at left L4, L5 and S1 in March of 2015 leading to the patient reporting a 40-50% improvement in pain and improved ADLs (10A). However, the clinical history (39A) also notes the "TFESI on the left side at L4, L5 and S1 on 3/27/15 reports no significant improvement with this treatment." The clinical history does note diagnostic imaging consistent with the patient's radicular symptoms as well as the patient's chronic pain. However, given the patient's documented improvement from the prior injection is inconsistent it cannot be determined, with any degree of accuracy, that the patient experienced at least 50% improvement lasting for six to eight weeks as required by MTUS Guidelines. The current request is not medically necessary.