

<b>Case Number:</b>	CM15-0216685		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: North Carolina

Certification(s)/Specialty: 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:

This is a 51 year old male who sustained an industrial injury on 6-6-2014. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, degeneration of lumbar or lumbosacral intervertebral disc, lumbar facet joint syndrome, bulging disc and sciatica. According to the progress report dated 8-31-2015, the injured worker complained of intermittent, sharp pain in the bilateral aspects of the lower lumbar spine with muscle spasms, numbness and tingling and burning pain radiating down the right lower extremity. He rated his pain 3-5 out of 10. The injured worker was working full time with restrictions. Objective findings (8-31-2015) revealed tenderness over L3-4 to L5-S1 bilaterally, more on the right. Lumbar active range of motion was limited. There was decreased sensation to pinprick (pinwheel) over L3-4 innervated dermatomes and hyperalgetic over L4-5 and L5-S1 innervated dermatomes. Gait was antalgic. There was positive hamstring tightness and atrophy of the right calf and thigh. The physician documented "PSLR on the right." Treatment has included lumbar epidural steroid injection (7-15-2015), and medications. Current medications (8-31-2015) included Neurontin, Norco and Amrix. The treatment plan (8-31-2015) was for updated magnetic resonance imaging (MRI) of the lumbar spine. The request for authorization was dated 10-12-2015. The original Utilization Review (UR) (10-27-2015) denied a request for selective nerve root block at right L5 and S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective nerve root block at right L5 and S1 qty: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and 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 California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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. The provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies that are included for review in the provided clinical documentation. Therefore, the request does not meet all criteria as outlined above and is not medically necessary.