

<b>Case Number:</b>	CM15-0057159		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	09/18/2001
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 48 year old female who sustained an industrial injury on 9-18-01. Diagnoses are lumbago and degeneration intervertebral disk-lumbar. In a progress report dated 2-23-15, the treating physician notes pain in the low back is rated at 7 out of 10. She reports progressive low back pain since the last visit 2-3 months ago and that it is getting increasingly difficult to perform her activities of daily living as well as take care of her children. She reports pain medications are doing little to alleviate her pain. There is pain on physical exam with flexion of the lumbar spine at 40 degrees of 90, extension is 10 degrees of 30, and right and left lateral bending are 50% of normal. There is pain on palpation of the lumbar paraspinal muscles. Recommendations have been made including epidural steroid injection which she has elected not to proceed with. She has been treated with compounding creams as well as her current medication; Norco will be discontinued and Tramadol will be started, Gabapentin, Ambien. She is to see a psychiatrist for ongoing depression, and recommend a left L4-L5, L5-S1 transforaminal selective nerve root block. The requested treatment is outpatient transforaminal selective nerve root block at the L4-L5 and L5-S1 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Transforaminal Selective Nerve Root Block At The L4-5 and L5-S1 Levels:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant sustained a work injury in September 2001 and continues to be treated for radiating back pain. EMG/NCS testing in October 2014 was negative. An MRI of the lumbar spine is referenced as showing multilevel degenerative disc disease with left-sided nerve root impingement at L5-S1. Treatments have already included a two level transforaminal epidural injection in July 2010. When seen, pain was rated at 7/10. Physical examination findings included decreased lumbar spine range of motion with pain. Straight leg raising was positive. There was a non-antalgic gait with normal sensory examination. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no reported physical examination findings of radiculopathy. In the therapeutic phase guidelines recommend that 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 six to eight weeks. In this case, the degree and duration of any pain relief following the previous injection is not documented. A selective nerve root injection is a diagnostic injection and is not the same as a transforaminal epidural steroid injection and the request is also unclear. The requested repeat lumbar epidural steroid injection was not medically necessary.