

<b>Case Number:</b>	CM15-0083832		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	01/31/2007
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 44 year old female, who sustained an industrial injury on January 31, 2007. She reported neck pain and low back pain. The injured worker was diagnosed as having cervical spine sprain/strain with radicular complaints and magnetic resonance imaging evidence of a cervical bulge at the cervical 4-5 level, lumbar spine sprain/strain with radicular complaints and history of lumbar fusion. Treatment to date has included radiographic imaging including a cervical MRI and lumbar CT scan, diagnostic studies, surgical intervention of the lumbar spine, medications and activity restrictions. Evaluation on March 19, 2015, revealed continued pain in the neck and low back. It was noted the injured worker could not take Naproxen secondary to esophageal spasm. Medications were renewed, electrodiagnostic studies of the bilateral lower extremities were recommended and a lumbar epidural steroid injection and a selective nerve root block of the cervical spine was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Epidural Injection at L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 309-10, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Chronic Regional Pain Syndrome (sympathetic and epidural blocks) Page(s): 39-40, 46.

**Decision rationale:** The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities which will allow this outcome. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendation is for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. In the documented care for this patient available for review these criteria are not met. Even though the exam is compatible with a possible radiculopathy, there are no imaging studies or electrodiagnostic studies to support the radicular nature of the patient's pain. There is also no documentation that the patient is unresponsive to conservative therapy. Her current medications are controlling her pain. At this point in the care of this patient medical necessity for this procedure has not been established. The request is not medically necessary.

**Selective Nerve Root Block at C6-7: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs) Page(s): 39-40, 46. Decision based on Non-MTUS Citation American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Source: <http://www.guideline.gov/content.aspx?id=45379#Section420>.

**Decision rationale:** Transforaminal selective nerve root block is a specialized form of epidural steroid injection in that it injects the medication directly into the area of the isolated spinal nerve roots. This procedure is recommended when isolated nerve root irritation is more clearly suspected, at which point it can provide useful diagnostic information as well as deliver more specifically targeted steroid treatment. According to the American Society of Interventional Pain Physicians evidence for accuracy of diagnostic selective nerve root blocks is limited. The evidence for therapeutic transforaminal epidural injections, however, is good in managing disc herniation or radiculitis. In general, the MTUS considers epidural steroid injections an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the

present recommendations is for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection [Note: rarely a third injection may be required]. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. This patient does have evidence suggestive of radicular disease as noted by diagnostic studies but the examination is not consistent with cervical radiculopathy. Also the records available for review do not document failure of conservative therapies. Medical necessity for this procedure has not been established. Therefore the request is not medically necessary.