

<b>Case Number:</b>	CM14-0124310		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 73 year old male with an injury date of 02/24/11. Based on the 07/09/14 progress report provided by [REDACTED] the patient has back and leg pain rated 6/10, numbness and Paresthesia going down the left leg to the foot. The patient has chronic back pain due to disc herniation. Physical examination to the lumbar spine reveals that range of motion remains moderately restricted. Straight leg raise is positive on the left. The left leg shows reduced strength and reflexes, and reduced sensation in the L5-S1 nerve distribution. QME report dated 10/01/12 states that "given the disc protrusion had been present for a period of time at L4-5; there may be some permanent nerve damage. MRI of the Lumbar Spine 07/09/11 per QME report dated 10/01/12 - focal paracentral protrusion at L4-5 which displaced the left traversing L5 root. MRI of the Lumbar Spine 08/22/12 per QME report dated 10/01/12 - prior study was July 2007 which reported left paracentral disc protrusion at L4-5 - L4-5 disc is largely resolved with minimal residual midline bright signals - mild right sided foraminal narrowing at L4-5, which could cause symptoms- very mild facet hypertrophy at L4-5- QME report dated 10/01/12 states that given the disc protrusion had been present for a period of time at L4-5, there may be some permanent nerve damage. Diagnosis 07/09/14 - chronic back pain - lumbar radiculitis- status post laminectomy - failed back surgery syndrome. Patient is status post laminectomy about 1 year prior to progress report dated 07/09/14, for nerve root compression at L5-S1 on the left. His problem has recurred and the enhancing scar at the operative site causes recurrent radiculopathy. A trial of dorsal column stimulator has been denied. The patient's last transforaminal nerve block was on 09/25/13, which was moderately helpful, enabling patient to reduce medications and enabling him to perform activities of daily living better to include walking, sitting, standing, travelling, etc. [REDACTED] is requesting Transforaminal injection nerve

block left L4-5. The utilization determination being challenged is dated 07/18/14. The rationale is last injection was given on 09/25/13, and the benefits patient received are unclear. [REDACTED] is the requesting provider, and he provided treatment reports from 09/20/13 - 07/09/14.

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

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

#### **Transforaminal injection nerve block left L4-5: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

**Decision rationale:** The patient has back and leg pain rated 6/10. The request is for Transforaminal injection nerve block left L4-5. Patient's diagnosis includes lumbar radiculitis and failed back syndrome. MRI of the Lumbar Spine dated 08/22/12 shows mild right sided foraminal narrowing at L4-5. The patient's last transforaminal nerve block was on 09/25/13, which was moderately helpful, enabling patient to reduce medications and enabling him to perform activities of daily living better to include walking, sitting, standing, travelling, etc. MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and 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. Patient has been denied trial of dorsal column stimulator. Provider has documented that patient benefited from last transforaminal nerve block to L4-5. The patient unfortunately has return of the symptoms. The MTUS allows up to 4 blocks per year and the request appears reasonable. Transforaminal injection nerve block left L4-5 is medically necessary.