

<b>Case Number:</b>	CM14-0146161		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/18/2002
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 & Rehabilitation 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:

This is a 51 year old female with a 1/18/02 injury date. The mechanism of injury was not provided. The patient is morbidly obese. She underwent L2-5 lumbar decompression on 1/18/12 and had post-op wound dehiscence and infection. In a follow-up on 7/3/14, subjective complaints included ongoing low back and left knee pain. There is radiating symptoms into her legs. Objective findings included decreased sensation at the posterior and medial aspects of the lower legs. A lumbar spine MRI on 12/3/13 showed L4-5 spondylolisthesis, L4-5 herniated disc, L5-S1 herniated disc, and no evidence of nerve root compression at any level. EMG/NCV on 4/23/12 of the lower extremities was normal. In an orthopedic QME report from 3/13/13, the provider advised "that her condition is not likely to significantly improve or significantly worsen with or without any further aggressive medical treatment for her lumbar spine." Diagnostic impression: lumbosacral sprain, lumbar disc degeneration, failed back surgery syndrome, lumbar radiculitis. Treatment to date: low back surgery (2012), epidural steroid injection (ESI), medications. A UR decision on 8/29/14 denied the request for Transforaminal selective nerve root block at bilateral L4-5 on the basis that a previous ESI did not produce documented pain and functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Selective Nerve Root Block at bilateral L4 and L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): page 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In the present case, the documented objective findings do not convincingly show the presence of radiculopathy. There is no focal muscle weakness or loss of sensation in a clearly dermatomal pattern. In addition, there is no evidence of radiculopathy on imaging or electrodiagnostic studies. The patient has also had at least one prior ESI, and the extent and duration of relief provided is not documented. The patient has significant comorbidities including morbid obesity, which was a likely causative factor in the infectious complications after the previous back surgery. In addition, in the QME report from 3/13/13, the provider did not believe that further aggressive treatment of the lumbar spine would be particularly helpful at this point. Overall, the medical evidence does not appear to support the requested procedure at this time. Therefore, the request for Transforaminal selective nerve root block at bilateral L4 and L5 is not medically necessary.