

<b>Case Number:</b>	CM13-0057575		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/21/2006
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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: Texas, California

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 62 year old male continues to complain of low back pain that radiates to the bilateral lower extremities stemming from a usual course of the work day. The injury was reported on 12/21/2006. Diagnoses include: lumbar radiculopathy; lumbar disc degeneration; lumbar facet arthropathy; and chronic pain. Treatments have included: consultations; diagnostic imaging studies; ongoing home exercise education and program; epidural steroid injection therapy; and medication management. The 5/6/2014, pain management evaluation notes limited response to more conservative measures of therapy including epidural steroid injection (7/12/13). The only other treatment noted was a home exercise program with the avoidance of bed rest. The work status was not provided. The 10/21/2013, pain management re- evaluation following epidural steroid injection, noted complaints of low back pain that radiates, numbness and tingling, to bilateral lower extremities (BLE) to the level of the calf; and bilateral shoulder pain. The pain was rated 5/10 with medications and 8/10 without. This re-evaluation is noted to address the discussion of impact of his medications on function and activities of daily living (ADL's), expectations of therapy, medication compliance and potential side effects. Objective findings on physical exam noted: moderate distress with slow gait, moderate reduction in range-of-motion (ROM) of the lumbar spine, secondary to pain; increased pain with activity; lumbar with lumbar myofascial tenderness; and positive BLE straight leg raise test for radicular pain at 40 degrees. It is stated that a positive response to epidural steroid injections yielded significant decrease in pain and functional improvement; therefore 1 additional therapeutic transforaminal epidural steroid injection using fluoroscopy at the bilateral L4-S1 level was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **BILATERAL L4-S1 TRANSFORAMINAL BLOCK:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, 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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per the cited guideline criteria for ESI are 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). Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. He had received ESI. Per the cited guidelines, 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. There was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous cervical ESIs. Any evidence of associated reduction of medication use was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for BILATERAL L4-S1 TRANSFORAMINAL BLOCK is not fully established for this patient.