

<b>Case Number:</b>	CM15-0110908		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	01/05/1997
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Texas, New York, 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 applicant is a represented 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 5, 1997. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for a transforaminal nerve root block and multilevel epidural steroid injections. The claims administrator referenced a RFA form dated May 5, 2015 in its determination. The applicant's attorney subsequently appealed. On April 23, 2015, the applicant reported ongoing complaints of neck pain with radiculopathy and pain back with radiculopathy. The applicant had received earlier epidural injection therapy, the treating provider reported but stated that the applicant's radicular pain complaints had since resolved. The applicant was using a cane to move about. The applicant had undergone earlier failed lumbar spine surgery, it was acknowledged. The applicant was dropping articles. The applicant was using Vicodin Flexeril, and Advil, it was stated. The applicant's complete medication list was not detailed. 4/5 upper extremity strength with 3+ to 4/5 lower extremity strength was appreciated. Repeat lumbar MRI imaging was sought. The attending provider also suggested repeating the selective nerve root block and epidural steroid injections at multiple levels. The applicant's work status was not explicitly detailed, although the applicant did not appear to be working. The applicant was apparently obtaining acupuncture, however. Lumbar MRI imaging dated May 7, 2015 was notable for postoperative changes at L3-L5 associated with an earlier lumbar fusion surgery. Worsening adjacent segment disease at L2-L3 was noted, with degenerative disease at L5-S1 also present. A disk bulge at L5-S1 was apparently contacting the L5 extraforaminal nerve roots.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Sided Transforaminal Nerve Root block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Epidural Steroid Injections, diagnostic.

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

**Decision rationale:** No, the proposed left-sided transforaminal nerve root block (AKA epidural steroid injection) was not medically necessary, medically appropriate, or indicated here. The request in question did, in fact, represent a repeat request for a transforaminal nerve root block (AKA epidural steroid injection), the treating provider acknowledged on his April 23, 2015 progress note. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, it did not appear that the applicant had demonstrated functional improvement in terms of the parameters established in MTUS 9792.20e, despite receipt of an earlier unspecified number of epidural steroid injections/transforaminal nerve root blocks over the course of the claim. The applicant was still using a cane as of April 23, 2015. The applicant remained dependent on opioid agents such as Vicodin and modalities such as acupuncture. The applicant's work status was not detailed, suggesting that the applicant was not, in fact, working. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior transforaminal nerve root block(s)/injection(s) over the course of the claim. Therefore, the request was not medically necessary.

### **Epidural Steroid Injections at L2/3, L4/5 and L5/S1:** Upheld

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

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

**Decision rationale:** Similarly, the request for an epidural steroid injection at L2-L3, L4-L5, and L5-S1 was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, no more than two nerve root blocks should be injected using transforaminal blocks. Here, however, the attending provider seemingly sought authorization for a three-level block. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant's work status was not reported on April 23, 2015, suggesting that the applicant was

not working. The applicant remained dependent on a cane, Vicodin, and acupuncture, it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of an earlier unspecified number of epidural injections over the course of the claim. Therefore, the request for repeat epidural injection therapy was not medically necessary.