

<b>Case Number:</b>	CM15-0122114		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	01/10/2005
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old male who sustained a work related injury January 10, 2005. Past history included right shoulder surgery 1998 and (2) in 2011, left knee arthroscopic surgery 2002, right eye blindness, and arthritis. An MRI left lower extremity, January 6, 2015, (report present in the medical record) revealed a horizontal oblique tear (flap tear) of the posterior horn and body of the medial meniscus violating the inferior surface; moderate grade chondral fissuring and delamination at the central medial patellar facet, 6 mm transverse. AN MRI of the right shoulder, January 5, 2015 (report present in the medical record) finds suspect posteroinferior labral tear from the 7:00-9:00 positions at the chondral-labral junction; moderate supraspinatus and infraspinatus tendinosis; mild glenohumeral joint osteoarthritis; mild acromioclavicular joint osteoarthritis. An MRI of the lumbar spine, August 2014, is present in the medical record. According to a spine surgeon's re-evaluation, date May 26, 2015, the injured worker presented with complaints of constant low back pain radiating into his hips, buttocks, and thighs. He also reports intermittent numbness and tingling in the feet. He had received physical therapy for lumbar/core strengthening and 16-18 sessions of acupuncture, and chiropractic treatment with some improvement. Diagnoses are lumbar stenosis; lumbago; lumbar radiculitis/thoracic radiculitis; spondylolisthesis lumbosacral region. Treatment plan included physical therapy, topical medication, and at issue, a request for authorization for selective nerve root block epidural with fluoroscopy and sedation, bilateral L3-L4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective nerve root block epidural with fluoroscopy and sedation, at bilateral L3 and L4  
qty: 1.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for low back pain with lower extremity radiating symptoms. When seen, there was decreased and painful lumbar range of motion with right lower lumbar paraspinal muscle tenderness. There was a normal neurological examination with negative straight leg raising. An MRI in August 2014 including findings of stenosis at the L3/4 and L4/5 levels. A diagnostic epidural steroid injection (also referred to as selective nerve root blocks) were originally developed as a diagnostic technique to determine the level of radicular pain. Guidelines recommend that no more than 2 levels should be performed on one day. Criteria include cases where diagnostic imaging is ambiguous, to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies, to help to determine pain generators when there is evidence of multi-level nerve root compression, to help to determine pain generators when clinical findings are consistent with radiculopathy but imaging studies are inconclusive, and to help to identify the origin of pain in patients who have had previous spinal surgery. In this case, authorization for injection at all of the involved levels is being requested. The procedure would not be diagnostic. None of the above criteria is met. Additionally, sedation is being requested and there is no indication for moderate sedation in this case. The request was not medically necessary.