

<b>Case Number:</b>	CM15-0066525		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male who sustained an industrial injury on 08/16/2013. Current diagnoses include multi-level lumbar disc protrusions with bilateral foraminal stenosis, lumbar facet arthropathy, and bilateral radiculopathy. Previous treatments included medication management, lumbar epidural injections and facet injections. Previous diagnostic studies included an MRI of the lumbar spine. Report dated 03/05/2015 noted that the injured worker presented with complaints that included back and bilateral leg pain with numbness and weakness. Pain level was not included. Physical examination was positive for abnormal findings. The physician noted that the injured worker has had definite improvement with past injections but not complete resolution. The treatment plan included recommendation for transforaminal selective nerve root blocks. Disputed treatments include transforaminal selective nerve root blocks at bilateral L4, L5 under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal selective nerve root blocks at bilateral L4, L5: 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 ESI  
Page(s): 46-47.

**Decision rationale:** Based on the 3/5/15 progress report provided by the treating physician, this patient presents with back pain, and bilateral leg pain with numbness/weakness. The treater has asked for transforaminal selective nerve root blocks at bilateral L4, L5 on 3/5/15. The request for authorization was not included in provided reports. The patient is s/p 2 lumbar epidural steroid injection, the most recent of which was 3 months ago per 3/5/15 report. The patient had greater than 50% reduction of radicular pain following the second epidural steroid injection at L4-5 from 12/15/14 per 1/22/15 report. An MRI scan reveals disc protrusions along with bilateral foraminal stenosis at L3-4 and L4-5 levels, and facet arthropathy present per 3/5/15 report. The patient's current medications are Oxycodone, Diclofenac, Cyclobenzaprine, and a topical agent, unspecified per 2/19/14 report. The patient's work status is not included in the provided documentation. MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." For repeat ESI, MTUS states: "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." In this case, the does have radicular leg pain, a positive straight leg raise, and an MRI showing disc protrusions at L3-4 and L4-5 levels. The patient had 2 recent epidural steroid injection, the most recent from 12/15/14 at L4-5 level with 50% improvement in radicular pain per 1/22/15 "5 weeks later" but no documentation of a reduction in medication usage. A repeat injection would not be supported by MTUS, without documentation of significant improvement lasting at least 6-8 weeks. This request is not in accordance with guidelines. Therefore, the request for a selective nerve root block IS NOT medically necessary.

**Under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines Lower  
Back Chapter under Fluoroscopy (for ESIs).

**Decision rationale:** Based on the 3/5/15 progress report provided by the treating physician, this patient presents with back pain, and bilateral leg pain with numbness/weakness. The treater has asked for under fluoroscopic guidance on 3/5/15. The request for authorization was not included in provided reports. The patient is s/p 2 lumbar epidural steroid injections, the most recent of which was 3 months ago per 3/5/15 report. The patient had greater than 50%

reduction of radicular pain following the second epidural steroid injection at L4-5 level from 12/15/14 per 1/22/15 report. An MRI scan reveals disc protrusions along with bilateral foraminal stenosis at L3-4 and L4-5 levels, and facet arthropathy present per 3/5/15 report. The patient's current medications are Oxycodone, Diclofenac, Cyclobenzaprine, and a topical agent, unspecified per 2/19/14 report. The patient's work status is not included in the provided documentation. For repeat ESI, MTUS states, "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." ODG-TWC, Lower Back Chapter under Fluoroscopy (for ESI's) states: "Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy. See Epidural steroid injections (ESI's)." In this case, the does have radicular leg pain, a positive straight leg raise, and an MRI showing disc protrusions at L3-4 and L4-5 levels. The patient had 2 recent epidural steroid injection, the most recent from 12/15/14 at L4-5 level with 50% improvement in radicular pain per 1/22/15 "5 weeks later" but no documentation of a reduction in medication usage. A repeat injection would not be supported by MTUS, without documentation of significant improvement lasting at least 6-8 weeks. Although fluoroscopy is indicated by ODG for epidural steroid injections, the request for a repeat injection is not indicated. As the injection is not indicated, neither is the fluoroscopy. The request IS NOT medically necessary.