

<b>Case Number:</b>	CM15-0092368		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	05/05/1994
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 63 year old female, who sustained an industrial injury on 5/5/1994. She reported initial complaints of falling from a broken chair causing back pain. The injured worker was diagnosed as having lumbar spinal stenosis; flat back syndrome; kyphoscoliosis thoracolumbar spine; pseudoarthrosis L5-S1. Treatment to date has included status post lumbar L2-3 anterior and posterior spinal fusion (1995); status post L3-4 posterior spinal fusion/instrumentation (1997); status post L4-5 posterior spinal fusion (2002); status post revision spine surgery (2003); physical therapy; medications . Currently, the PR-2 notes dated 4/6/15 indicated the injured worker presents to this office as a follow-up re-evaluation. She complains of severe incapacitating low back pain rated 8/10. She has a right leg radicular pain, but also has some left leg symptoms. Currently her left leg radicular pain, numbness and weakness is worse on this day. She has an extensive surgical history: status post lumbar L2-3 anterior and posterior spinal fusion (1995); status post L3-4 posterior spinal fusion/instrumentation (1997); status post L4-5 posterior spinal fusion (2002); status post revision spine surgery (2003). May of 2010 she reports she woke up and was unable to move secondary to pain. She has been attempting to get surgical approval as the pain continues to increase. She has "maxed out on pain medications" and reports she cannot sit and has difficulty walking, secondary to pain. She describes the pain now, she reports it is in her lower back and radiates around to her right buttock and anterior thigh to her medial knee. She notes it is severe in nature and radiates to her bilateral feet. These notes indicate she is prescribed Neurotin, pentazocine-naloxene, Protonix, salsalate, Prozac, Duragesic patch and Zanaflex. She is also

using Diovan, atenolol, Promethium, and testosterone cream. Her physical examination includes normal alignment, an antalgic gait, difficulty with heel toe walk; she is unable to tandem walk. There is no myelopathy noted. There is tenderness to palpation from T12 into the lumbar spinal processes. She has full range of motion of the neck, shoulders, elbow, wrist, hip knee, ankle all normal limits. Neurologically she has upper extremities 5/5/ strength throughout. The bilateral lower extremities note hip flexors 3/5 on the right; left 4/5; hip abductors 4+/5 bilaterally. Quadriceps, tibialis anterior, EHL, EDL, hip abduction and gastroc/soleus are 5/5/ strength/ Sensation is intact, but decreased in her right anterior thigh that ascends into her medial thigh to knee. The notes indicate the provider's diagnosis of pseudoarthrosis and neurological compression with neurological dysfunction are both reasons she needs a revision spine surgery. He reviews MRI and CT scans that reveal pseudoarthrosis and incomplete fusion at L5-S1 with notable spinal stenosis and nerve compression. There are no dates of these diagnostics or reports submitted. In the interim while awaiting surgical approval, he is requesting: Lumbar epidural steroid injection/Nerve root block L4 and/or L5/S1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar epidural steroid injection/Nerve root block L4 and/or L5/S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**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.

**Decision rationale:** The claimant sustained a work-related injury in May 1994 and continues to be treated for low back pain. She has a failed lumbar fusion with four prior surgeries and additional surgery is being requested. When seen, she had low back pain with right worse than left radicular pain. There was an antalgic gait. She had decreased lower extremity strength and sensation. There was decreased lumbar spine range of motion with multilevel tenderness. 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 injections at up to two levels is being requested, to be determined as part of the claimant's surgical planning. This would be the fifth spinal surgery for this claimant. The request is within guidelines recommendations and can be considered medically necessary.