

<b>Case Number:</b>	CM14-0200188		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	09/02/1989
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 60 year old woman sustained an industrial injury on 9-2-1989. Diagnoses include post-laminectomy syndrome of the cervical spine, lumbosacral degeneration of intervertebral disc, lumbosacral spondylosis without myelopathy, and cervical spondylosis without myelopathy. Treatment has included oral medications, acupuncture, chiropractic care, occupational therapy, pain psychology, physical therapy, TENS unit, swimming, ambulation with a cane, and injection therapy. Physician notes dated 10-30-2014 show complaints of back pain rated 10 out of 10 with radiation to the right leg and muscle spasms. The physical examination shows the extremities with "decreased" range of motion and strength 4 out of 5. Tenderness is noted to the bilateral hips, low back, and cervical spine. Recommendations include continue current medication regimen, Zanaflex, Valium, and follow up in one month. Utilization Review denied a request for lumbar transforaminal block at L3-L4 and L4-L5 on 11-13-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar transforaminal block at L3-L4 and L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar transforaminal block at L3 - L4 and L4 - L5 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured workers working diagnoses are mostly malingering syndrome cervical; spinal fusion NOS; degenerative lumbar/lumbosacral intervertebral disc; lumbosacral spondylosis with myelopathy; and cervical spondylosis without myelopathy. Date of injury is September 2, 1989. Request for authorization is November 7, 2014. According to an October 30, 2014 and August 21, 2014 progress note; there is no objective evidence of radiculopathy on physical examination. The treatment plan in the August 21, 2014 progress note indicates the treating provider is requesting or anticipating a lumbar FB/SI (lumbar facet block). According to the October 1, 2014 progress note, subjective complaints include back pain with radiation to the right leg. Objectively, there is no neurologic evidence of radiculopathy on physical examination. Motor function is decreased 4/5. There is no prior documentation of lumbar epidural steroid injections. The utilization review indicates the injured worker received a prior lumbar epidural steroid injection with 75% pain relief for 12 weeks. This documentation was not noted in the medical record. A lumbar MRI was performed that did not show evidence of disc bulges, central stenosis or neuroforaminal stenosis. There were no electrodiagnostic studies in the medical record. There was no corroborating objective evidence of radiculopathy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no objective evidence of radiculopathy on physical examination and no prior epidural steroid injections with evidence of objective functional improvement, lumbar transforaminal block at L3-L4 and L4-L5 are not medically necessary.