

<b>Case Number:</b>	CM13-0001505		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	06/18/1972
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 case involves an 83 year-old male with a 6/18/1972 industrial injury claim. He has been diagnosed with post-lumbar laminectomy syndrome from 1998 laminectomy; lumbar neurogenic claudication; lumbar radiculitis; status post bilateral TKA; status post heart valve replacement on 9/2/09. According to the 6/12/13 pain management report from [REDACTED], the patient presents with low back pain radiating into the bilateral buttocks from L4-S1. 8/10 intensity. Pain is worse since last visit, he is unable to vacuum the house and do yardwork. He takes Oxy IR. The recommendation was for bilateral S1 SNRB (selective nerve root block) and a week later bilateral L5 SNRB.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL S1 SELECTIVE NERVE ROOT BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF EPIDURAL STEROID INJECTIONS Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI) Page(s): 46.

**Decision rationale:** Limited information is provided for this IMR. The 6/12/13 pain management report was the only available record. There are no MRI, CT or electrodiagnostic studies. The 6/12/13 examination does not identify any specific nerve root compression, or dermatomal distribution. MTUS states epidural steroid injections are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS gives specific criteria for epidural steroid injections, the first item is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available records did not report a dermatomal distribution of pain. There were no exam findings of any neurologic deficits following a dermatomal or any specific radicular pattern. The MTUS criteria for an ESI has not been met.

**BILATERAL L5 SELECTIVE NERVE ROOT BLOCK ONE WEEK LATER THAN REQUESTED S1 BILATERAL SELECTIVE NERVE ROOT BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF EPIDURAL STEROID INJECTIONS Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI) Page(s): 46.

**Decision rationale:** Limited information is provided for this IMR. The 6/12/13 pain management report was the only available record. There are no MRI, CT or electrodiagnostic studies. The 6/12/13 examination does not identify any specific nerve root compression, or dermatomal distribution. MTUS states epidural steroid injections are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS gives specific criteria for epidural steroid injections, the first item is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available records did not report a dermatomal distribution of pain. There were no exam findings of any neurologic deficits following a dermatomal or any specific radicular pattern. The MTUS criteria for an ESI has not been met.