

<b>Case Number:</b>	CM13-0004757		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/10/2004
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2013

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 53-year-old male with a 12/10/04 date of injury. At the time of request for authorization for Left L5 Selective Nerve Root Block, there is documentation of subjective (persistent low back pain going down the right lower extremity as well as on the outside of the thigh) and objective (slightly decreased strength in the right lower extremity, diminished patellar reflexes, and absent Achilles reflexes) findings, current diagnoses (chronic low back pain and left L5 radicular pain), and treatment to date (activity modification, acupuncture, and medications). There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a selective nerve root block is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT L5 SELECTIVE NERVE ROOT BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Diagnostic epidural steroid injections (selective nerve root blocks)

**Decision rationale:** Chronic Pain Medical Treatment Guidelines reference to identifies documentation of objective findings of radiculopathy, as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a selective nerve root block is indicated [such as. 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below. 2) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies. 3) To help to determine pain generators when there is evidence of multi-level nerve root compression. 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive. 5) To help to identify the origin of pain in patients who have had previous spinal surgery), as criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain and left L5 radicular pain. In addition, there is documentatio of objective findings fo radiculopathy. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a selective nerve root block is indicated. Therefore, based on guidelines and a review of the evidence, the request for Left L5 Selective Nerve Root Block is not medically necessary.