

<b>Case Number:</b>	CM13-0008465		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/21/1997
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 Orthopedic Surgery 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:

70-year-old male with history of spinal stenosis and spondylolisthesis. The claimant presented with complaint of back and leg pain. Exam note from 7/31/13 demonstrates evidence in the medical record of lumbar radiculopathy. This is based on objective findings of an antalgic gait and positive straight leg raise in the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for bilateral L4-5 selective nerve root block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have

benefit in patients presenting in the transitional phase between acute and chronic pain. Based upon the records reviewed the patient does meet criteria for lumbar epidural steroid injections as there is evidence of lumbar radiculopathy on the exam note from 7/31/13. The decision to overturn the prior UR decision is based upon the most recent examination note from 7/31/13. Therefore, the determination is for certification.