

<b>Case Number:</b>	CM13-0012944		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Family Medicine and is licensed to practice in Utah. 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

### 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 patient is a 57 year old Male, with a history of low back pain, and recurrent thigh pain bilaterally. The date of Injury was recorded as 5/4/2010. His medications include Gabapentin and Oxycodone. An MRI performed shows degenerative changes, a central right paramedical posterior protrusion at L3-L4, and a second left lateral protrusion encroaching on the intervertebral foramen (nerve roots). He has been diagnosed with low back pain, lower extremity radiculitis, Degenerative Disk Disease, spine contusion, and denervation of the spine, and is status post back surgery. Since his surgery the patient has had multiple falls. He has tried and had not tolerated Physical Therapy. Physical exam findings show decreased motor testing of his hips and decreased sensation in the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Nerve Root Blocks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 57,104.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 57,104.

**Decision rationale:** Lumbar Blocks have limited evidence to support their usage. Indications for the procedure include Rest Pain of the limb. The guidelines state that these injections can be used both diagnostically and therapeutically. The guideline continues to state that they are

recommended for a limited role and as an adjunct to facilitate physical therapy, which the patient has tried. The patient has noted radiculopathy with decreased motor and sensory functions in the lower extremities. According to the documentation provided, clinic presentation of the patient, and current MTUS guidelines, nerve root blocks are a medical necessity to the patient at this time.

**X-Ray; Lumbosacral Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. ACOEM guidelines note that lumbar spine x-rays should not be recommended in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. Following ACOEM guidelines, red flags include fracture, tumor, infection, caudal equine syndrome, and progressive neurological defect. The physician in this case has shown a decrease in motor as well as sensory neurological function, which is progressing. According to the documentation provided, clinic presentation of the patient, and current MTUS guidelines, an x-ray of the lumbar/sacral spine is a medical necessity to the patient at this time.