

<b>Case Number:</b>	CM13-0030023		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/08/2006
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 63 year old man who sustained a work related injury on March 8 2006. On August 7 20013, he was reported to have chronic back pain irradiating to both lower extremities. He was also reported to have neuropathic pain in both lower extremities. The patient has a history of laminectomy. His neurological examination is not focal. His EMG/NCV showed right greater than left L5 lumbar radiculopathy. His MRI of lumbar spine showed moderate L5-S1 narrowing. The patient was started on Neurontin and underwent a left L5-S1 transforaminal epidural injection on March 22 2013. The provider is requesting authorization for bilateral L5 nerve root block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR 1 BILATERAL 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): 300.

**Decision rationale:** According to MTUS guidelines, local injections are of questionable merit in the management of low back complaints. Although epidural injection may afford short term improvement in patients with herniated disc, this treatment does not offer significant long term functional improvement. The patient underwent an epidural injection on March 22 2013, however there is no clear documentation of its benefit. Based on the above, the proposed bilateral selective L5 nerve block is not medically necessary.