

<b>Case Number:</b>	CM13-0031500		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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:

The patient is a 73-year-old injured worker who sustained an injury to the low back in a work related accident on November 11, 2012. Recent clinical assessment on November 20, 2013, noted that the claimant was two months post an L4 through S1 bilateral laminectomy with continued complaints of pain. The patient was recommended a strengthening program to improve trunk stabilization. A prior assessment on August 28, 2013, documented that the claimant had low back complaints with radiating pain to the left lateral hip and objective findings of positive straight leg raising with tenderness at the lumbosacral junction. Diagnosis was documented as left sided disc protrusion with degeneration at L2-3 and a selective nerve root block at the L2 through L4 level was recommended for further assessment. Formal imaging was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation and treatment with pain management for possible L2-L4, selective nerve block:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, selective nerve root injection at the L2 through L4 level would not be indicated. The claimant's clinical picture does not correlate with radicular findings at the requested level, nor is there formal imaging available for review that would demonstrate a neurocompressive process at the above level. California MTUS Guidelines clearly indicates that radiculopathy must be documented by physical examination findings and corroborated by imaging or electrodiagnostic testing. The request for evaluation and treatment with pain management for possible L2-L4, selective nerve block, is not medically necessary and appropriate.