

<b>Case Number:</b>	CM13-0037451		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/04/1999
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 72 year old female who reported an injury on 03/03/1999. The patient is diagnosed with low back pain. The patient was seen by [REDACTED] on 08/29/2013. Physical examination revealed antalgic gait, active range of motion with limitation of the thoracolumbar spine, positive straight leg raise on the right, and diminished reflexes bilaterally. Treatment recommendations included a selective nerve root block on the right at L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective nerve root block right L5 under fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the patient underwent an MRI of the

lumbar spine on 08/06/2013, which indicated progressive foraminal stenosis on the right at L5-S1 with probable impingement on the exiting right L5 nerve root. However, there is no evidence of a failure to respond to recent conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. There is also no evidence of this patient's active participation in a functional rehabilitation program to be used in conjunction with injection therapy. Therefore, the patient does not currently meet criteria for an epidural steroid injection. As such, the request is non-certified.