

<b>Case Number:</b>	CM13-0040135		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	02/03/2013
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 expert 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 injured worker is a 41-year-old female who reported an injury on 02/03/2013 after lifting a 3 to 5 pounds pack of water and she reportedly sustained a sudden onset of acute pain in her low back that radiated into her bilateral lower extremities. The injured worker underwent an L4-5 nerve root block on 08/26/2013. The injured worker was evaluated on 09/11/2013. It was documented that the injured worker did not receive any significant benefit from the previous injection. Physical findings at that appointment included trigger points along the lumbar musculature with decreased sensation in the L4 and S1 nerve distributions with decreased strength of the ankle indicates dorsiflexion and big toe extension. The injured worker's diagnoses included status post anterior fusion at L4 to S1 in 2002, status post lumbar removal of hardware in 2003, and mild degenerative changes at L2-3 and L3-4. The injured worker's treatment plan included a second epidural steroid injection and continuation of medications and consideration of trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SELECTIVE NERVE ROOT BLOCK AT L4-5 ( #2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The requested selective nerve root block at L4-5 (#2) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat injections be based on documented functional benefit of the original injection with at least 50% pain relief for 6 to 8 weeks. The clinical documentation submitted for review does indicate that the injured worker underwent an epidural steroid injection at the requested level in 08/2013 that did not provide any benefit at all including no pain relief for any length of time. Therefore, the need for a second epidural steroid injection is not justified. As such, the requested selective nerve root block at L4-5 (#2) is not medically necessary or appropriate.