

<b>Case Number:</b>	CM13-0040171		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/01/2013
<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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 43 year-old male who reported an injury on 04/03/2012 after he moved furniture for a client. The injured worker reportedly sustained a low back injury. The injured worker's treatment history included multiple lumbar epidural steroid injections, physical activity, Final Determination Letter for IMR Case Number CM13-0040171 3 and multiple medications. The injured worker underwent an MRI of the lumbar spine that documented a central disc protrusion at the L3-4 causing moderate central canal stenosis, a disc protrusion at the L4-5 causing moderate central and moderate right lateral recess stenosis, and a broad based disc bulge at the L5-S1 causing mild central and mild bilateral neural foraminal stenosis. The injured worker was evaluated on 09/12/2013. Physical examination findings included tenderness over the lumbosacral junction with a positive straight leg raising test reproducing back and leg pain. The injured worker's diagnoses included multi lumbar disc protrusions. Treatment recommendations included a diagnostic epidural steroid injection block at the L4-5 to assess the injured worker for surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SELECTIVE NERVE ROOT BLOCK AT L4-5 WITH PAIN MANAGEMENT SPECIALIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have physical examination findings of radiculopathy that are supported by an imaging study and/or an electrodiagnostic study that have failed to respond to conservative treatment. The injured worker's physical exam findings do not support radiculopathy as there is no indication of motor strength weakness in the corresponding myotomes and there is no documentation of decreased sensation in dermatomal distributions corresponding with the L4-5 level. Additionally, the clinical documentation does indicate that the injured worker has undergone multiple epidural steroid injections previously. Although it is not noted at which levels these were applied to if the injured worker had previously undergone an L4-5 level it would be necessary for the treating provider to provide documentation of the efficacy of the prior injection to support an additional injection. California Medical Treatment Utilization Schedule states that repeat injections should be based on at least 50% pain relief for approximately 6 to 8 weeks to support an additional injection. As such, the requested right selective nerve root block at the L4-5 with pain management specialist is not medically necessary or appropriate.