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| <b>Case Number:</b>   | CM13-0042342 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 03/18/2012 |
| <b>Decision Date:</b> | 04/25/2014   | <b>UR Denial Date:</b>       | 10/08/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/30/2013 |

### 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 & 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 patient is a 57-year-old female who reported an injury on 03/18/2012 with a mechanism of injury as a twisting lifting injury. Clinical note dated 01/20/2014 reported the patient continued to complain of low back pain that radiates down her right leg to her right foot. The pain was described as cramping and shooting. The patient also stated that she had numbness and tingling also down her right leg into her foot. She had difficulty sleeping as a result of the right leg pain with the numbness and tingling and cramping. The patient's conservative care included non-steroidal anti-inflammatory medications, physical therapy, work modification and prior epidural steroid injections which only provided a month of relief at a time; however, the patient continues to have symptoms of radiculopathy that are disabling and affecting her activities of daily living. On physical examination, it was noted the patient had tenderness to palpation to the lower lumbar region. Sensation to pinprick was diminished in the right L4 and right S1 dermatomes. Walking gait was intact. The patient's straight leg raise test was positive for right leg pain and negative for the left side. MRI dated 05/09/2012 revealed diffuse disc bulge with 5 mm left foraminal disc protrusion at L4-L5 with AP dimension of central canal measures 13.5 mm, mild right and moderate left neural foraminal stenosis and mild diffuse disc bulge with 3 mm posterocentral disc protrusion at L5-S1 with dimensions of central canal measure 17 mm. Medications listed are Neurontin and Celebrex, but they are noted to have failed to provide significant relief of the patient's symptoms. Cymbalta has been tried for medications but was ineffective. A request was submitted for right L5 selective nerve root block due to persistent radicular symptoms on examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT L5 SELECTIVE NERVE ROOT BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ESI. Page(s): PAGE 46.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) LOW BACK, EPIDURAL STEROID INJECTIONS, DIAGNOSTIC

**Decision rationale:** The Expert Reviewer's decision rationale: The Official Disability Guidelines for selective nerve root blocks state that it is recommended if criteria are met. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. The criteria states to determine the level of radiculopathy pain, in cases where diagnostic imaging is ambiguous, including to help elevate a radicular pain generator when physical signs and symptoms differ from what is found on imaging results; to help determine different pain generators where there is evidence of multilevel nerve root compression; to help determine pain generators when clinical findings are consistent with radiculopathy (i.e., dermatomal distribution) but imaging studies are inconclusive; or to help identify the origin of pain in patients who have had previous spinal surgery. The documentation provided for review indicated the patient has been provided prior epidural steroid injection at right L5-S1 transforaminal epidural steroid injection on 11/26/2012 and which was noted to have "helped"; however, the percentage of pain relief and the length of efficacy were not provided to support an additional injection. Also, given the patient has had prior epidural steroid injections, it is not clear why a selective nerve root block would be indicated given the patient's pain generator has been determined. Therefore, the request for RIGHT L5 SELECTIVE NERVE ROOT BLOCK.