

<b>Case Number:</b>	CM13-0046486		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/17/2011
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 44 year old female with a date of injury of 4/17/2011. The diagnoses for this worker include low back pain, sciatica, herniated disc at L4-5, L5-S1, knee chondromalacia, and knee degenerative joint disease. The patient has tried physical therapy, chiropractic care, narcotic pain medications, neuropathic pain medications, and muscle relaxants. Physical examination on 10/16/2013 demonstrates numbness and tingling in the L4-5 and L5-S1 distribution. There is also a positive straight leg raise on the left. There is mention of lumbar MRI of the lumbar spine in a progress note dated 3/20/13 that showed multiple level disc degeneration and facet hypertrophy at L3-4, L4-5, L5-S1. The radiologist's report of the lumbar MRI performed on 3/5/13 indicates that there is lateral disc bulging and bilateral neuroforaminal stenosis at L4-5 and L5-S1. The disputed issue is a request for an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left selective nerve root block at L4-5 and L5-S1 with fluoroscopy:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

**Decision rationale:** In the case of this injured worker, appropriate conservative treatment has been trialed. The patient has tried physical therapy, chiropractic care, narcotic pain medications, neuropathic pain medications, and muscle relaxants. Despite this, the patient continues with symptoms suggestive of lumbar radiculitis. Physical examination on 10/16/2013 demonstrates numbness and tingling in the L4-5 and L5-S1 distribution. There is also a positive straight leg raise on the left. The radiologist's report of the lumbar MRI performed on 3/5/13 indicates that there is lateral disc bulging and bilateral neuroforaminal stenosis at L4-5 and L5-S1. Although there is no specific mechanical impingement on left lumbar nerve roots, sometimes with stenosis at the foramina there can be irritation and inflammation of nerve roots. Furthermore, epidural steroid injections can serve as diagnostic tools in addition to serving therapeutic purposes. Given the documentation of positive physical exam findings suggesting radiculitis, as well as a suggestive lumbar MRI, the requested left selective nerve root block at L4-5, L5-S1 is medically necessary and appropriate.