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| <b>Case Number:</b>   | CM13-0048338 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 07/14/2012 |
| <b>Decision Date:</b> | 10/22/2014   | <b>UR Denial Date:</b>       | 10/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/05/2013 |

### 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/14/12. He continues to be treated for chronic low back pain and left lumbar radiculopathy. An MRI of the lumbar spine in October 2012 is referenced as showing a left lateral disc protrusion at L2-3 with 75% neuroforaminal narrowing, disc bulging with left lateralization at L4-5 with mild canal stenosis possibly affecting the L5 nerve, and disc bulging at L5-S1 affecting the L5 and S1 nerves. EMG/NCS testing in March 2013 showed findings of a left S1 radiculopathy and mild L2-3 radiculitis. Authorization was requested for left L4-S1 lumbar selective nerve-root blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR SELECTIVE NERVE ROOT BLOCK LEFT L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic

**Decision rationale:** Insert Rationale The claimant is more than 2 years status post work-related injury and continues to be treated for chronic low back pain and left lumbar radiculopathy. He has imaging findings with left lateralization at multiple levels potentially affecting the left L2, L5, and S1 nerves. A diagnostic epidural steroid injection (also referred to as selective nerve root blocks) were originally developed as a diagnostic technique to determine the level of radicular pain. Guidelines recommend that no more than 2 levels should be performed on one day. Criteria include cases where diagnostic imaging is ambiguous, to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies, to help to determine pain generators when there is evidence of multi-level nerve root compression, to help to determine pain generators when clinical findings are consistent with radiculopathy but imaging studies are inconclusive, and to help to identify the origin of pain in patients who have had previous spinal surgery. In this case, authorization for injections at three levels is being requested, including the L4 nerve which is not involved based on the imaging findings. Therefore, the requested three level left lumbar selective nerve root block L4-S1 is not medically necessary.