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| <b>Case Number:</b>   | CM13-0062998 |                              |            |
| <b>Date Assigned:</b> | 01/17/2014   | <b>Date of Injury:</b>       | 10/08/2005 |
| <b>Decision Date:</b> | 05/12/2014   | <b>UR Denial Date:</b>       | 11/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/09/2013 |

### 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 Texas. 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 10/08/2005. The mechanism of injury was not provided in the medical records. The 09/24/2013 office visit reported objective findings to include motor strength in the lower extremities 5/5 throughout the iliopsoas, quadriceps, hamstring, tibialis posterior, gastrocsoleus, and extensor hallucis longus muscle with 4-/5 tibialis anterior strength; sensory deficits in the L4-5 dermatomal distribution overlapping L5-S1, and positive straight leg raise. The 10/29/2013 note reported her 10/18/2013 lumbar MRI revealed L2-3 left foraminal disc protrusion with compression of the neural foramen. The note stated this showed progression of this disc protrusion since her last examination. On examination, she had 4/5 motor strength of the iliopsoas and sensory changes in the L2-3 dermatome on the left. She was recommended for a selective nerve root block at L2-3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SELECTIVE NERVE ROOT BLOCK INJECTION AT LEFT L2-L3 LEVELS:** Upheld

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

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

**Decision rationale:** California MTUS states radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing in conjunction with failed responses to conservative treatments. The documentation submitted did not provide evidence of radicular pain as defined in a dermatomal distribution or radicular findings corroborated by electrodiagnostic testing. Additionally, the documentation did not provide failed outcomes from conservative treatments including medications and physical therapy by ongoing assessments of pain relief and functional deficits on a VAS scale. Given the above, the request is non-certified.