

<b>Case Number:</b>	CM13-0064976		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/20/2007
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 and Oklahoma. 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 50-year-old male who reported an injury on 04/20/2007. The mechanism of injury information was not provided in the medical records. A review of the medical records reveals that the injured worker's diagnosis was lumbar spinal stenosis (ICD-9 code: 724.2). The most recent clinical documentation dated 10/30/2013 reported that the injured worker complained of right knee pain and lumbar spine pain. Physical examination of the lumbar spine revealed L5-S1 radiculopathy with numbness and tingling in the L5-S1. There was also a noted mildly positive straight leg raise. The injured worker was recommended to use medications as needed, including Norco, Gabapentin, occasional anti-inflammatory medications and Omeprazole. The injured worker was to continue modified duty with no lifting, pushing or pulling greater than 10 pounds. He was also to have no bending, twisting or stooping. The requested service is for a lumbar selective nerve root block at the right L5-S1 with fluoroscopy.

### 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, AT THE RIGHT L5-S1, WITH FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The lumbar selective nerve root block at the right L5-S1 with fluoroscopy is not medically necessary. Per the California MTUS Guidelines, it is stated that with the use of epidural steroid injections, there must be documented radiculopathy upon physical examination, and it must be corroborated by imaging studies or electrodiagnostic testing. There were no electrodiagnostic testing results, and there were no imaging studies provided in the medical record to corroborate the subjective complaints of radicular symptoms and objective findings upon examination. As such, the criteria for the requested service have not been met per the California MTUS Guidelines. Therefore, the request for a lumbar selective nerve root block at the right L5-S1 with fluoroscopy is non-certified.