

<b>Case Number:</b>	CM13-0067778		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Orthopedic Surgery 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 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 is a 63-year-old gentleman who sustained an injury to the low back in a work related accident on May 16, 2012. The medical records provided for review included the report of an MRI of the lumbar spine dated August 13, 2013, identifying moderate bilateral degenerative and facet disease from L2-3 through L5-S1. There was evidence of a prior anterior and posterior lateral fusion with hardware at the L4-5 level. The report of the office visit dated October 2, 2013, noted continued low back with radiating groin pain. The back pain was described as greater than the groin pain. Physical examination findings were not documented in the report. There was a request for selective nerve root blocks at the left L3-4 and L4-5 level for treatment of axial back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SELECTIVE NERVE BLOCK LEFT SIDE AT L3-4 AND L4-5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the request for selective nerve blocks on the left at the L3-4 and L4-5 levels would not be indicated. The Chronic Pain Guidelines recommend that selective nerve root blocks or epidural injections are for individuals with radiculopathy documented by examination and correlated by imaging and/or electrodiagnostic studies. While this claimant has primarily axial dominated complaints, there is no documentation of a radicular process on examination that would clinically correlate with the two requested levels for injection to support the need of procedure. The specific request would not be indicated.