

<b>Case Number:</b>	CM13-0072415		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	03/21/2003
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 & 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 68-year-old male who reported an injury on 03/21/2003, due to an unknown mechanism. The clinical note dated 04/15/2014 indicated the injured worker complained of low back pain, spasm, weakness, pain in the bilateral feet described as aching, burning, numb, tightness, and tingling. The injured worker also noted pain in the arms and hands described as spasm with weakness and tingling, and difficulty sleeping. The physical exam of the lumbar spine revealed no tenderness to palpation, a negative straight leg raise in the seated position, and muscle tone without atrophy or abnormal movements. The range of motion values for the lumbar spine were 25 degrees of right lateral flexion, 25 degrees of left lateral flexion, 60 degrees of flexion, and 20 degrees of extension. The injured worker was diagnosed with postlaminectomy syndrome to the lumbar. The provider recommended an outpatient lumbar nerve root block on the left and right at L5. The Request for Authorization Form was dated 02/18/2014 and the provider's rationale for the request was not given.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT LUMBAR NERVE ROOT BLOCK AT LEFT L5 AND RIGHT L5:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** The request for an outpatient lumbar nerve root block on the left and right at the L5 level is not medically necessary. The California MTUS Guidelines recommend an ESI with documentation of persistent radicular pain and physical exam findings of radiculopathy after failed therapy trials. The included medical documents did not include objective physical exam findings of radicular pain upon physical exam such as a positive straight leg raise, numbness, and weakness. There is a lack of evidence of failure to respond to conservative treatment, which would include physical therapy and medications. As such, the request is not medically necessary.