

<b>Case Number:</b>	CM14-0007155		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/07/1997
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2014

### 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 Anesthesiology has a subspecialty in Pain Management 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 patient has submitted a claim for Lumbosacral Neuritis, Lumbar/Lumbosacral Disc Degeneration, and Post-laminectomy Syndrome - Lumbar, associated with an industrial injury date of November 7, 1997. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of aching, numb, shooting, and tingling lumbar spine pain rated 4/10. On physical examination, the patient had no motor deficits. Lumbar examination revealed tenderness over the bilateral lumbar facets with bilateral thoracolumbar spasm. Surgical scars were revealed. Straight leg raise was positive on the right. Gait was normal. Lumbar range of motion was limited. Imaging studies were not included in the records for review. Treatment to date has included medications, physical therapy, facet injections, L4-S1 fusion surgery, and epidural steroid injection (date of service not specified).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT NERVE ROOT BLOCK LUMBAR LEFT L5 AND RIGHT L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 9792.24.2 Page(s): 46.

**Decision rationale:** According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and unresponsiveness to conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, the medical records for review did not include imaging studies documenting frank nerve root compromise. In addition, there was no discussion regarding failure of conservative treatment. Moreover, the medical records revealed previous epidural steroid injections; however, there was no documented pain relief or functional gain following this injection. Therefore, the request for Outpatient Nerve Root Block Lumbar Left L5 And Right L5 is not medically necessary and appropriate.