

<b>Case Number:</b>	CM14-0102995		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/10/2008
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 40 year old man who sustained a work related injury on January 10 2008. Subsequently, he developed chronic back pain. The patient underwent an extensive sessions of physical therapy, acupuncture, chiropractic, injections and microdiscectomy with limited efficacy. According to a note dated on August 5 2014, the patient lower back and left leg pain. His neurological examination showed lumbar tenderness with reduced range of motion, positive straight leg raise in the left and mild left leg weakness. MRI of the lumbar spine showed degenerative disc disease. The provider requested authorization to use left S1 selective nerve block to manage the patient pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Left S1 Selective Nerve Root Block Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant

long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of improvement with previous injections. MTUS guidelines does not recommend epidural injections for back pain without documentation of previous injections improvement. Therefore, Left S1 Selective Nerve Root Block Injection is not medically necessary.

**Unknown X-rays:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** Regarding the indications for imaging in case of back pain, MTUS guidelines stated:< Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks>. There is clinical evidence in the patient chart that the patient have red flags for a serious spinal cord pathology. Therefore the request for Lumbar X Ray is not medically necessary.