

<b>Case Number:</b>	CM14-0104757		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/24/1998
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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:

Injured worker is a 60-year-old male whose date of injury was 8-24-1998. It is unclear what his actual physical symptomatology is as the clinic notes submitted are lacking those details. We can ascertain that he had a fusion of the lumbar spine at some point as evidenced by findings of such on a CT scan dated 1-15-2014. That CT scan also shows evidence of mild right-sided in moderate left-sided neural foraminal stenosis the no impingement on the thecal sac or the nerve roots. His fusion levels are from L4-S1. On March 3 of 2014 there is a physical exam which reports diffuse dermatomal changes at L3-L4 and a positive stretch test on the left. The injured worker was scheduled for an epidural steroid injection around this time but he could not complete secondary to an illness. The injured worker presented again on 6-2-2014 stating he would like to complete the epidural steroid injection but the note did not indicate the reason for that. The physical exam that day revealed diminished left-sided quadriceps motor strength and a positive femoral stretch test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective Nerve Root Block at Left L3-L4:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on the Back, Epidural Steroid Injections.

**Decision rationale:** The Official Disability Guidelines state that epidural steroid injections are recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Not recommended for spinal stenosis or for nonspecific low back pain. Radiculopathy symptoms are generally due to herniated nucleus pulposus or spinal stenosis, but ESIs have not been found to be as beneficial a treatment for the latter condition. Guidelines go on to state that conservative options to treat the radicular pain such as physical therapy and medication must have been tried and failed prior to epidural steroid injections. In this instance, based on the records provided, there is no direct evidence that the injured worker has pain that would be characterized as a radiculopathy (i.e. radiating into an extremity), or that any conservative measures have been undertaken to alleviate the discomfort such as physical therapy or medication. That documentation may exist but it certainly has not been included for review. Therefore, selective nerve root block at left L3-L4 is not medically necessary.