

<b>Case Number:</b>	CM14-0105780		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/02/1997
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 70 year old male with a work injury dated 3/2/97. The diagnoses include lumbar degenerative disc disease, spinal stenosis, history of left total knee arthroplasty performed in November 2009 with a subsequent revision left total knee arthroplasty for arthrofibrosis in April 2012 and manipulation under anesthesia in June 2012. Under consideration is a request for S-1 selective nerve root block with fluoroscopy and intravenous sedation. Per documentation the patient had a right lumbar radiofrequency on May 12, 2014, and had a good onset of pain relief and improved range of motion. The patient complains of right leg pain. The documentation states that he had a selective nerve root block at S1. This provided 100% relief for 2 months with a gradual return of symptoms after that time. Upon examination, the patient had improved lumbar range of motion. Straight leg raise is positive on the right. Motor strength is normal to the bilateral lower extremities. Reflexes are 1+ at the right knee and 0 at the right ankle. There is decreased sensation in the S-1 distribution along the right calf/knee. The patient was diagnosed with right lumbar facet pain with improvement post radio frequency and right lumbar radiculopathy. An MRI of the lumbar spine was performed on September 19, 2012, demonstrating alternating thoracolumbar curvature, lower thoracic and lumbar spondylitic changes. Inflammatory facet arthropathy suggested on the right at L2-3. Right L2-3, L4-5 and left L5-S1 axillary recess are effaced, potentially impinging on the right L3, right L4 and left S1 nerve roots. Mild spinal canal compromise at L1-2, L2-3 and L4-5, with no additional definite neuropathic impingement noted. Mild to moderate bilateral foraminal narrowing throughout the lumbar spine is seen. Nerve roots marginally exit freely. Potential for impingement is greatest for the right L4 nerve root.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**S1 selective nerve root block with fluoroscopy and intravenous sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Low Back, Lumbar and Thoracic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Epidural steroid injections (ESIs), therapeutic and Epidural steroid injections, diagnostic.

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The documentation submitted does not contain evidence of these findings therefore the request for S1 selective nerve root block with fluoroscopy and intravenous sedation is not medically necessary.