

<b>Case Number:</b>	CM14-0015115		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Internal Medicine, and is licensed to practice in California, Colorado, Kentucky, and North Carolina. 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 56 year old female whose date of injury is May 9, 2013. The mechanism of injury is not described. EMG (electromyogram)/NCV (nerve conduction velocity) exam dated August 15, 2013 revealed abnormality in the left medial gastrocnemius indicative of radiculopathy S1-2. MRI of the lumbar spine dated December 18, 2013 revealed generalized degenerative changes of the lumbar discs most marked at the L4-5 and L5-S1 levels. Small subligamentous disc protrusion at L4-5 mildly effaces the ventral thecal sac. Small subligamentous disc protrusion at L5-S1 slightly indents the ventral thecal sac. There is no central canal stenosis. Note dated February 6, 2014 indicates that she rates her low back pain as 8/10. On physical examination lumbosacral range of motion is reduced. There is point tenderness over the PSIS areas and positive Kemp's maneuver. There are multiple trigger points noted in the parasacral and paralumbar musculature with radiation of pain with deep palpation. Motor, sensory and deep tendon reflexes are grossly intact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL NERVE ROOT BLOCK AT L3-L4, L4-L5, AND L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Epidural steroid injection Page(s): 46.

**Decision rationale:** The request is excessive as Chronic Pain Medical Treatment Guidelines note that no more than two levels should be injected. The injured worker's physical examination fails to establish the presence of active lumbar radiculopathy, and the submitted MRI fails to document any significant neurocompressive pathology. The request for bilateral nerve root block at L3-L4, L4-L5, and L5-S1 is not medically necessary or appropriate.