

<b>Case Number:</b>	CM14-0019394		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 & Rehabilitation 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 is a 48-year-old female who was injured on 12/08/2009 while lifting a box and injuring her low back. Prior treatment history has included acupuncture, injections, chiropractic treatment and physical therapy. She underwent a spinal fusion of L5-S1. Diagnostic studies reviewed include electromyography/nerve conduction velocity (EMG/NCV) dated 05/06/2013 revealing a normal nerve conduction study (NCS) and abnormal electromyogram (EMG) showing left chronic L5 denervation. MRI of the lumbar spine dated 05/21/2013 revealing status post fusion of L5-S1. No evidence of spondylolisthesis seen. Suggestion of facet arthropathy at this level. PR-2 dated 11/11/2013 states the treatment plan is ESI, however unknown if it was ever performed. PR-2 dated 12/23/2013 documented the patient with complaints of pain at the left L4, L4-s1 rate a 5-6/10 in intensity. She had left leg sciatica rated 5-6/10 in intensity as well as pain in the left SI joint rated 5-6/10 in intensity. Objective evaluation revealed a negative straight leg raise test at 45 degrees. Positive slump test. She was unable to stand on left leg or do toe raise on the left. There was a positive Kemp's test. Most Active range of movement (AROM) loss is due to surgery. Recommendations: The patient responds well to mechanical traction. A home unit would greatly help her at home. PR-2 dated 01/27/2014 documents the patient with complaints of pain in the low back. It is painful with walking and extension. Objective finding son exam reveal decreased range of motion. Tender to palpation at L5-S1. Positive spasms and tenderness. Positive facet tenderness with pain on extension. Treatment Plan: 1. Agree with nerve blocks; 2. Chiropractic treatment twice a week for six weeks; 3. Physical therapy twice a week for six weeks; and 4. Home traction unit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NERVE ROOT BLOCK INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

**Decision rationale:** According to the CA MTUS, a nerve block (or epidural steroid injection) is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The first criteria for nerve block are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient has history of L5-S1 fusion with chronic left L5 denervation indicated on EMG study. The PR-2 dated 01/27/2014 documented subjective complaint of pain in the low back, pain with walking and extension. Objective finding on exam revealed decreased range of motion, tenderness to palpation at L5-S1, positive spasms, and positive facet tenderness with pain on extension. The medical records do not document current subjective complaint and findings on examination consistent with active radiculopathy. In addition, there is no evidence of a current surgical lesion or new neurologic deficit. Therefore, the medical records do not establish that a nerve block is medically indicated.