

<b>Case Number:</b>	CM14-0019488		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/12/2009
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of July 12, 2009. Treatment to date has included medications and physical therapy. Medical records from 2010 through 2014 were reviewed, which showed that the patient complained of achy, dull lower back pain, 6-8/10, radiating to the left leg. On physical examination, there was tingling sensation in the left leg and on the distribution of L4, L5, and S1. A lumbar spine MRI dated January 7, 2013 revealed degenerative disc signal, lower three lumbar discs, with mild thinning at L4-5 and L5-S1; marginal facet arthrosis bilaterally at L4-5 and L5-S1; and a small central to right paracentral disc bulge and annular tear with no contact of the thecal sac or the right S1 root at L5-S1. Utilization review from January 17, 2014 denied the request for left selective nerve root block, L5 and S1 because there was no documentation of radiculopathy; caudal adhesiolysis because there was no scarring or neurocompression noted via imaging; and physical therapy 2x6 after injections because injections were not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SELECTIVE NERVE ROOT BLOCK (SNRB) - L5 AND S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** According to page 46 of the Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; unresponsiveness to conservative treatment; and the injections should be performed using fluoroscopy. In this case, although the patient complained of radiating pain, the physical exam findings were not specific for radiculopathy. Furthermore, a lumbar spine MRI dated January 7, 2013 did not reveal nerve root pathology at L5-S1 level. There was also no discussion regarding unresponsiveness to conservative management. The criteria were not met; therefore, the request for LEFT SELECTIVE NERVE ROOT BLOCK (SNRB) - L5 AND S1 is not medically necessary.

**CAUDAL ADHESIOLYSIS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** CA MTUS does not specifically address adhesiolysis; however, the Official Disability Guidelines state that percutaneous adhesiolysis is not recommended due to the lack of sufficient literature supporting it. In this case, there was no discussion regarding the indication for caudal adhesiolysis despite the procedure not being recommended by guidelines. There is no clear indication for this procedure; therefore, the request for CAUDAL ADHESIOLYSIS is not medically necessary.

**12 SESSIONS OF PHYSICAL THERAPY (PT), 2 X PER WEEK FOR 6 WEEKS, AFTER INJECTIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the contemplated procedure (injections) has been deemed not medically necessary, therefore the associated procedure, which is 12 SESSIONS OF PHYSICAL THERAPY (PT), 2 X PER WEEK FOR 6 WEEKS, AFTER INJECTIONS is likewise not medically necessary.