

<b>Case Number:</b>	CM14-0153191		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 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:

This is a male patient with the date of injury of December 10, 2013. A Utilization Review was performed on August 22, 2014 and recommended non-certification of 1 right selective nerve root block at L5-S1 due to no evidence of failure to improve from a conserve of conservative measures. A Progress Report dated August 13, 2014 identifies Subjective Complaints of ongoing pain to his low back, which radiates down his right lower extremity, which radiates posteriorly and posterolaterally down to his knees. He has completed 8 visits of physical therapy to his low back. Objective Findings identify strength is 4/5 on the right to flexion, extension and EHL function and 5/5 on the left. There is allodynia and decreased sensitivity to the posterolateral aspect of his right thigh extending from his mid buttock down to his knee. Diagnoses identify spondylolisthesis at L5-S1, and rule out right-sided L5-S1 radiculopathy. Plan identifies selective nerve root block on the right at L5-S1. An MRI of the lumbar spine dated April 8, 2014 identifies impression of L5-S1, grade 1 spondylolisthesis of L5 with an annular bulge and facet spurring resulting in moderate to severe bilateral foraminal stenosis and abutment of the exiting L5 nerve roots bilaterally.

### 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 L5-S1; Right Side:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 26 and 46 of 127.

**Decision rationale:** Regarding the request for Selective Nerve Root Block at L5-S1; Right Side, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Within the documentation available for review, there is documentation of subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. Additionally, MRI corroborates the diagnosis of radiculopathy. As such, the currently requested Selective Nerve Root Block at L5-S1; Right Side is medically necessary.