

<b>Case Number:</b>	CM14-0176934		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	03/26/2007
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in Iowa. 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 patient is a 54 year old employee with date of injury of 3/26/2007. Medical records indicate the patient is undergoing treatment for lumbar disk herniation, lumbar spine degenerative disc disease, chronic low back pain, sciatica and lumbar radiculopathy at L4-S1. Subjective complaints include chronic low back pain to include burning, numbness and tingling with radicular symptoms in the bilateral legs. Objective findings include tenderness and spasm in the lumbosacral spine. There is limited range of motion secondary to pain. ROM is approximately 70% of normal in all directions. There is pain with extension and rotation over the facet joints. There is evidence of bilateral L5-S1 radiculopathy. Treatment has consisted of home exercise program, PT, heat/ice and TENS unit, selective nerve blocks, Celebrex, Vicodin, Gabapentin and Norco. The utilization review determination was rendered on 10/17/14 recommending non-certification of bilateral selective nerve root block (SNRB) at levels L4-S1 with fluoroscopy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral selective nerve root block (SNRB) at levels L4-S1 with fluoroscopy for the lumbar spine:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections, diagnostic

**Decision rationale:** Selective nerve root blocks are also known as epidural transforaminal injection. MTUS is silent on selective nerve root blocks. ODG states "Recommended as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended:1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive;5) To help to identify the origin of pain in patients who have had previous spinal surgery". The treating physician documented that the selective nerve root block (SNRB) was for L4-S1 to treat the patient's low back pain and radicular symptoms. However, ODG recommends selective nerve root blocks (SNRB) for diagnostic purposes only and not to therapeutically treat back pain. As such, the request for bilateral selective nerve root block (SNRB) at levels L4-S1 with fluoroscopy for the lumbar spine is not medically necessary.