

<b>Case Number:</b>	CM14-0026183		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/26/2007
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 and Pain Medicine, and is licensed to practice in Texas. 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 61 year old male whose date of injury is 04/26/2007. The injured worker denies any specific mechanism of injury, but reports gradual onset of low back pain. He complains of chronic low back pain with radicular pain to posterior aspect of lower extremities improved; no anterior lower extremity pain; no leg muscle atrophy. The Physical examination dated 12/18/13 revealed there is spasms of the lumbosacral paraspinal muscles; straight leg raise was negative bilaterally; no lower extremity weakness; normal knee and ankle jerk. The MRI of the lumbar spine on 12/17/13 showed mild to moderate degenerative disc disease has progressed slightly at T12-L1 and L5-S1, with moderate bilateral foraminal narrowing at L5-S1. The injured worker was seen on 02/03/14 with back pain greater than leg pain. Medications were listed as ibuprofen and Ambien. On examination motor function was globally intact on the left with mild weakness on the right; patchy sensory changes; diminished reflexes; and straight leg raise equivocal. The injured worker was recommended to undergo selective nerve root blocks at bilateral L4-5, L5-S1 and right S1-2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SELECTIVE NERVE ROOT BLOCK, BILATERAL L4-L5, L5-S1, AND RIGHT S1-S2:**  
Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines criteria for the use of epidural steroid injection require that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There also should be documentation that the patient initially was unresponsive to conservative care including exercise, physical medicine, NSAIDs and muscle relaxants. In the case, there is no documentation that the injured worker has any recent conservative care for the low back. He has subjective complaints of low back pain radiating to the lower extremities; however, there is no evidence of radiculopathy as demonstrated by motor or sensory changes in a specific nerve root distribution. In addition, there is no objective evidence on the MRI of a focal disc herniation with nerve root compression at any level of the lumbar spine. Based on the clinical information provided, the request for selective nerve root block, bilateral L4-5, L5-S1 and right S1-2 is not medically necessary.