

<b>Case Number:</b>	CM14-0033903		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/03/2007
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 injured worker is a 40 year old male who was injured on 05/03/2007 when he slipped and fell on a wet floor at work. The injured worker has had repeated and reported trauma to his back since 02/13/2004. On 05/03/2007, after x-rays to the head and back, he was diagnosed with left glenoid fracture, T12 compression fracture, lumbar ligamentatous strain with right radiculopathy to the thoracic spine and L5 radiculopathy with strain. Pain, ability to sleep and coping with depression were treated with Oxycodone, Soma, Ambien, Valium and Lidoderm patch. The injured worker tested positive for Finkelstein test. Conservative care has had limited effect on the injured worker. The physician requests to perform one selective nerve root block at right L5 and S1 with fluoroscopic guidance on an outpatient basis on the injured worker. The request and rationale for the request were not provided within the available records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One selective Nerve Root Block at Right L5 and S1 with Fluoroscopic Guidance as an outpatient:** Upheld

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

**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 Epidural Steroid Injection, Diagnostic.

**Decision rationale:** The injured worker had received several injuries to the lumbar region dating back to 02/13/2004. The injured worker had disc bulge at L5-S1 that abutted to the nerve at left S1. His physician had performed an EMG at L-5 S-1 on 02/22/2011 and diagnosed chronic right L5 radiculopathy and chronic L4 and S1 radiculopathy. ODG guidelines for diagnostic epidural steroid injections (also referred to as selective nerve root blocks) state they were originally developed as a diagnostic technique to determine the level of radicular pain. As a diagnostic tool, they must determine the level of radicular pain, the origin and generator of radicular pain. That was established with the disc bulge abutting S1 on the left side making this test medically unnecessary. As such, the request is not medically necessary.