

<b>Case Number:</b>	CM14-0033994		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/18/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/19/2014
<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 Anesthesia, has a subspecialty in Acupuncture 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 61y/o male injured worker with date of injury 10/18/10 with related injury secondary to cumulative trauma. Per 5/5/14 progress report, he complained of persistent aching, burning, and stabbing pain in the upper and lower back. He rated his pain at 7-8/10. He complained of persistent numbness and pints and needles sensation in his legs, rated 5-6/10. Per physical exam, there was tenderness in the paraspinous musculature of the thoracic and lumbar region. Muscle spasm was noted over the lumbar spine. Sensory testing with a pinwheel was normal except for decreased sensation in the L5 dermatome on the right. MRI of the lumbar spine dated 10/14/13 revealed L2-L3 1mm disc bulge; L3-L4 1-2mm disc bulge more prominent to the left, ligamentum hypertrophy and facet hypertrophy, mild prominent epidural fat, mild central stenosis, mild right and mild to moderate left foraminal stenosis; L4-L5 disc osteophyte complex measuring 3-4.5mm focally protruding to the right where it was most prominent, ligamentum hypertrophy and facet hypertrophy, mild to moderate central, moderate to moderately severe right foraminal stenosis, and mild to moderate left foraminal stenosis; and L5-S1 disc bulge measuring 3mm, bilateral facet hypertrophy, mild central, and mild to moderate bilateral foraminal stenosis. He has been treated with injections, physical therapy, and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5 selective nerve root block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** Though the guideline criteria are met, review of the submitted documentation indicates that this request was made with a request for bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy guidance which was certified. As this request essentially represents a duplicate of that treatment, this request is not medically necessary. The only situation in which it would be necessary to perform a selective nerve root block in addition to a transforaminal epidural steroid injections is if surgical planning was necessary, and the goal was to reduce the number of spinal levels to be surgically addressed. There is no documentation that this is the case here and thus the request is not medically necessary.