

<b>Case Number:</b>	CM14-0036936		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/08/2008
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Family Practice 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 48-year-old female claimant who sustained an injury on 2/8/08 involving the low back and neck. A prior EMG showed signs of cervical and lumbar nerve root irritation. In 2011 the claimant had undergone lumbar interbody fusions, internal fixations, laminectomy and neuroforaminotomies. These procedures were done for treatment of a herniated nucleus pulposis at L4-L5 and L5-S1. After the surgery there was removal of spinal hardware in April 2011 and lysis of protected epidural adhesions. The claimant had undergone aqua therapy, physical therapy and analgesics for pain and functional improvement. In February 5, 2014, the claimant was noted to have continued pain as well as weakness in the L4 -L5 regions. Surgical consultation recommended further lysis of adhesions in the lumbar region vs. selective nerve root blocks in the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective nerve root block to the lumbar spine:** Upheld

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

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

**Decision rationale:** According to the ACOEM guidelines, invasive techniques are of questionable married. The treatments do not provide any long-term functional benefit or reduce the need for surgery. According to the ODG guidelines, nerve blocks are not recommended except for diagnostic purposes. Based on the above, and chronicity of symptoms despite numerous interventions, the request for Nerve Blocks are not medically necessary.