

<b>Case Number:</b>	CM14-0062662		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/24/2003
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Medicine and is licensed to practice in Texas and 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 request for Selective Nerve Root Block, Left L3 and L4 under Fluoroscopy. Per the CA MTUS guidelines cited above, Indications for epidural steroid injection include "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants);...In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per the records provided patient had lumbar radicular pain. Lumbar radiculopathy that is corroborated by imaging studies was not specified in the records provided. Prior diagnostic study reports were not specified in the records provided. Per the records provided, the patient has had an injection in the past. Details regarding this injection were not specified in the records provided. A response to the previous rehab efforts including physical therapy or continued home exercise program and pharmacotherapy are not specified in the records provided. Per the CA MTUS guidelines cited above, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." The medical necessity of Selective Nerve Root Block, Left L3, and L4 under Fluoroscopy is not fully established for this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective Nerve Root Block, Left L3, L4 under Fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Selective Nerve Root Blocks; Epidural Steroid Injections, Diagnostic

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**Decision rationale:** This is a request for Selective Nerve Root Block, Left L3 and L4 under Fluoroscopy. Per the CA MTUS guidelines cited above, Indications for epidural steroid injection include "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants);....In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per the records provided patient had lumbar radicular pain. Lumbar radiculopathy that is corroborated by imaging studies was not specified in the records provided. Prior diagnostic study reports were not specified in the records provided. Per the records provided, the patient has had an injection in the past. Details regarding this injection were not specified in the records provided. A response to the previous rehab efforts including physical therapy or continued home exercise program and pharmacotherapy are not specified in the records provided. Per the CA MTUS guidelines cited above, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." The medical necessity of Selective Nerve Root Block, Left L3, and L4 under Fluoroscopy is not fully established for this patient.