

<b>Case Number:</b>	CM14-0063437		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 44 year old male with a work injury dated 2/16/12. The diagnoses include lumbar herniated nucleus pulposus, radiculopathy, and thoracic herniated nucleus pulposus. Under consideration is a request for selective nerve root blocks with fluoroscopy at L4, L5, and S1, on the left side. There is a primary treating physician report dated 4/1/14 which states that the claimant was seen in follow-up by after lumbar facet injections at L4-5 and L5-S1 which had been performed on 08/06/13. He reported that this gave about 60% pain relief for about 4 months and that his pain had slowly returned. The claimant reported left low back pain radiating down the left extremity and foot. He was taking Hydrocodone-Acetaminophen for pain relief. The patient states that that given the persisting worsening symptoms he was unable to perform his activities of daily living and he stopped working due to pain. On exam he had tenderness to palpation of the left low back with radiating pain down the extremity and foot. The treatment plan was for a selective nerve root block with fluoroscopy at L4-L5 and S1 on the left side to help the claimant to resume his activities of daily living. A report dated 2/19/14 stated that the patient was last seen on November 22, 2013 with complaints of pain and discomfort in the lumbar spine that he described as sharp, aching, twitching and burning in nature with associated numbness, radiating down to the left leg down to the bottom of the left foot. His pain was at 7/10. His condition remained unchanged from the last visit. He reported that the lumbar epidural injection had not been helpful. The document stated that the physician and patient agreed to discontinue further injections. An 11/13/13 document states that the patient had a single lumbar spine epidural injection. The patient states that he has slight improvement, but he still experiences considerable pain and aching in the low back as well as radiation into the left lower extremity with numbness reported in the left foot and at the plantar surface. Per the 12/3/13

document the patient had a lumbar epidural steroid injection, which was not helpful to him. Per documentation an EMG/NCV dated 6/31/12 revealed bilateral L5 radiculopathy, left side greater than right.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Selective nerve root blocks with fluoroscopy at L4, L5, and S1, on the left side.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Epidural steroid injections, diagnostic.

**Decision rationale:** Selective nerve root blocks with fluoroscopy at L4, L5, and S1, on the left side is not medically necessary per the ODG and MTUS Chronic Pain Medical Treatment Guidelines. Selective nerve root blocks per the ODG are considered diagnostic. The ODG and the MTUS Guidelines state that if used for injections are used for diagnostic purposes; a maximum of two injections should be performed. Additionally, the guidelines state that radiculopathy must be present on physical exam. The exam findings do not describe radicular symptoms in the L4, L5, S1 distribution. The request for Selective nerve root blocks with fluoroscopy at L4, L5, and S1, on the left side is not medically necessary.