

<b>Case Number:</b>	CM14-0071791		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/22/1996
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 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 77 year old female with a reported date of injury on June 22, 1996. The mechanism of injury is not listed. The primary diagnosis is listed as Spinal Stenosis of Lumbar Region without Neurogenic Claudication. The treating diagnosis is listed as lumbar sprain and strain and sprain/strain of unspecified site of hip/thigh. A progress report dated June 04, 2014 reveals persistent complaints of significant leg cramps and low back pain. The injured worker was instructed by the treating physician to double her dose of Neurontin. At the time of follow-up, the treating physician placed a request for selective nerve root block. There were no imaging studies available for review. A prior utilization review determination dated May 05, 2014 resulted in denial of selective nerve block bilaterally to L4-L5, as there was no physical examination identifying objective radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective Nerve block bilaterally to L4-L5.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar & Thoracic ( Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Academy of Neurology.

**Decision rationale:** Per guidelines, Epidural steroid injections (ESI's) are recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In this case, there is insufficient documentation to support the necessity of the requested procedure. There is little to no documentation of lumbosacral radiculopathy (radiating pain in a dermatomal distribution in the lower extremities). There is no imaging or electrodiagnostic evidence of nerve root compression. There is no evidence of prior trial and failure of conservative management. Therefore, the request is considered not medically necessary according to guidelines and based on the available clinical information.