

<b>Case Number:</b>	CM14-0075428		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62-year-old female who reported an injury on 04/20/2010, caused by an unspecified mechanism. The injured worker's treatment history included medications, MRI, x-ray and medial branch radiofrequency ablation. The injured worker had undergone a left dorsal medial branch radiofrequency ablation at L3, L4 and L5 on 11/08/2013. However, the outcomes were not submitted for this review. The injured worker had a left S1 select nerve root block on 11/08/2011 and had a 60% reduction of left leg pain and numbness, she reported 70% to 80% relief over 10 months. The injured worker had undergone an MRI on 06/16/2010 that revealed she did not have any stenosis or nerve root compression. At L4-5 there was no root compression, however, there was mild bilateral neural foraminal narrowing, lumbar radiculopathy and positive left S1 joint dysfunction/piriformis syndrome. The injured worker was evaluated on 04/08/2014 and was documented the injured worker complained of still having her pain which feels deep in her left buttock and which seems to radiate down the back of the left leg. Objective findings; there was tenderness to palpation of the lumbosacral region. Straight leg raise testing was positive at approximately 30 degrees. There was decreased pinprick noted on the posterior aspect of the left leg, as compared to the right, grossly approximating the S1 dermatome. The rest of the examination was unchanged. Medications included tramadol, Skelaxin and Flector. Diagnoses included low back pain with mild bulge noted at L3-4 and L4-5, associated mild facet hypertrophy. The Request for Authorization dated 04/13/2014 was for left sacroiliac S1 selective nerve root block. However, the rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sacral (S) 1 Selective Nerve Root Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

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

**Decision rationale:** The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The provider noted the injured worker had conservative measures however, there were no outcome measures to include home exercise regimen indicated for the injured worker. Given the above, the request for left S1 Selective Nerve Root Block is not medically necessary.