

<b>Case Number:</b>	CM14-0075571		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/21/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/30/2014
<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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 59 year old male whose date of injury is 06/21/2009. The mechanism of injury is described as moving a refrigerator. The injured worker underwent lumbar laminectomy with medial facetectomy and discectomy at L5-S1 and right L4-5 with posterior fixation and bone allograft on 03/12/12. He also underwent spinal cord stimulator placement with subsequently removal due to infection. Diagnoses are L4-S1 pseudoarthrosis; regional pain syndrome right lower extremity; and failed back syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Diagnostic Right Selective Nerve Root Block (SNRB) at S1: Upheld**

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

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

**Decision rationale:** Based on the clinical information provided, the request for diagnostic right selective nerve root block at S1 is not recommended as medically necessary. The MTUS guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. There is no current, detailed physical

examination submitted for review as the most recent note provided is from April. Additionally, there are no imaging studies and/or electrodiagnostic results provided. There is no indication that the injured worker has undergone any recent active treatment. Such as, diagnostic Right Selective Nerve Root Block (SNRB) at S1 is not medically necessary and appropriate.