

<b>Case Number:</b>	CM13-0069256		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/11/1998
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: TR, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 54 year old female who sustained an industrial injury on 3/11/98 resulting in low back and left leg pain. She currently is experiencing low back and left leg pain with radicular symptoms. Her activities of daily living are compromised because of the pain. She is benefiting from opioid therapy. Medications include fluoxetine and Loratab. Her laboratory evaluations were consistent with current prescription medications. Diagnoses include lumbar disc degeneration; myofascial/fibromyalgia; lumbar radiculitis/neuritis. Treatments have included physical therapy, medications, and nerve blocks which improve her pain (last one 9/11/13), along with rest, hot showers and immobilization. Diagnostics included MRI (7/6/12) indicating disc herniation at L4-5 and L5-S1 with moderate stenosis. Progress note dated 11/11/13 indicates that the injured worker had relief from low back and left leg pain for better than 6 weeks with 70% improvement after prior injection but now the pain is severe. She was able to become more active in this time frame. Based on the physical exam findings, radiculitis and recurrent severe pain the treating provider recommended to continue with selective nerve root injections and present medications. On 12/11/13 Utilization Review non-certified the requests for lumbar selective nerve root injection at L4-5 and L5-S1 as outpatient citing ACOEM: Low Back Disorders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 LUMBAR SELECTIVE NERVE ROOT INJECTION AT L4-L5 AND L5-S1 AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

**Decision rationale:** Based on the patient's prior history of 70% improvement in pain for several weeks following prior transforaminal blocks and known pathology on imaging and clinical exam, further lumbar selective nerve root injections at L4-L5 and L5-S1 are likely to be reasonable as an appropriate treatment modality at this time, however, given the lack of specificity as to locations to be injected in the provided documentation, the request can not be considered medically necessary without further clarification. The MTUS guidelines for injections generally recommend that radiculopathy must be documented and corroborated by imaging or electrodiagnostics along with documented unresponsiveness to conservative treatment requirements all seemingly met by the provided documents. In this case, if clarified with regard to specific location (left vs. right) to ensure alignment with the clinical picture of unilateral radicular symptoms, the request would likely be considered medically necessary.