

<b>Case Number:</b>	CM14-0145750		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Interventional spine 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 patient is a 53 year old male with an injury date on 07/17/2013. Based on the 08/04/2014 progress report provided by the treating physician, the diagnoses are: Low back pain- lumbar radiculopathy; sacroiliac joint pain; leg pain; and insomnia. According to this report, the patient presents with the "chief complaint of pain of the low back, hips, and legs" pain with episodes of weakness. "The patient ranks the baseline pain as 7/10 and the worse pain as 9/10 on the VAS." Physical exam reveals tenderness over the lumbar paravertebral muscles and left sacroiliac joint. Range of motion of the lumbar spine is decreased. "Positive SLT left side." MRI of the lumbar spine on September of 2013 shows "S3 post-surgical changes, DDD L2- S1 and degenerative changes hips and SIJ." The report was not included in the file for review. Treatment to date includes surgery to the tailbone and injection with improvement (type and location of the injection was not documented). The treatment plan is request for selective nerve root injection. The patient work status is "Temporarily Totally Disabled." There were no other significant findings noted on this report. The utilization review denied the request for left selective nerve root injection and right selective nerve root injection on 08/22/2014 based on the MTUS guidelines. The requesting physician provided treatment report dated 08/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left selective nerve root injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar ESI Page(s): 46 and 47.

**Decision rationale:** According to the 08/04/2014 report, this patient presents with pain of the low back, hips, and legs pain with episodes of weakness. The current request is for left selective nerve root injection. The Utilization Review denial letter states "there is no evidence of lumbar radiculopathy both on physical examination and previous imaging study of the lumbar spine. In addition, the specific spinal level to be injected and the number of injections to be given are not known." Regarding epidural steroid injections, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of the provided report do not shows evidence of prior lumbar epidural steroid injections. In this case, the treating physician documented that the patient has low back and leg pain with weakness; however, the pain is not described in a specific dermatomal distribution to denote radiculopathy or nerve root pain. The treating physician does not discuss MRI or other studies that would corroborate the patient's symptoms. Due to the lack of documentation of the imaging study or electrodiagnostic study to corroborate radiculopathy, this request is not medically necessary.

**Right selective nerve root injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar ESI Page(s): 46 and 47.

**Decision rationale:** According to the 08/04/2014 report, this patient presents with pain of the low back, hips, and legs pain with episodes of weakness. The current request is for left selective nerve root injection. The Utilization Review denial letter states "there is no evidence of lumbar radiculopathy both on physical examination and previous imaging study of the lumbar spine. In addition, the specific spinal level to be injected and the number of injections to be given are not known." Regarding epidural steroid injections, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of the provided report do not shows evidence of prior lumbar epidural steroid injections. In this case, the treating physician documented that the patient has low back and leg pain with weakness; however, the pain is not described in a specific dermatomal distribution to denote radiculopathy or nerve root pain. The treating physician does not discuss MRI or other studies that would corroborate the patient's symptoms. Due to the lack

of documentation of the imaging study or electrodiagnostic study to corroborate radiculopathy, this request is not medically necessary.