

<b>Case Number:</b>	CM14-0194368		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	02/16/2014
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Pain Medicine 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 thirty-four year old female who sustained a work-related injury on February 16, 2014. Diagnoses associated with the injury included sciatica and herniated nucleus pulposus. A request for a right L5-S1 selective nerve root block was noncertified in Utilization Review (UR) on October 22, 2014. The UR physician utilized the Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic section and its recommendations for selective nerve root blocks. The ODG indicates that selective nerve root blocks are diagnostic studies used to determine the level of radicular pain, evaluate radicular pain, determine evidence of multi-level nerve root compression, and to determine pain generators when clinical findings are consistent with radiculopathy but imaging studies are inconclusive. Upon review of the documentation submitted for review, the UR physician determined that there did not appear to be significant pain to warrant a right L5-S1 selective nerve root block. A request for independent medical review (IMR) was initiated on November 12, 2014. A review of the medical documentation submitted for IMR included progress notes from April 25, 2014, May 9, 2014, May 15, 2014 and May 23, 2014 during which the injured worker had complaints of pain in the low back and right leg. The documentation reveals that the injured worker was treated with chiropractic therapy which she found helpful and she participated in physical therapy. An MRI of the lumbar spine on May 15, 2014 revealed a large disc herniation at L5-S1 with spinal canal/neural foraminal compromise and revealed contact on the bilateral S1 exiting nerve roots was suspected. The injured worker was referred to an orthopedic surgery who evaluated the injured worker on July 3, 2014. The orthopedic surgeon states that the patient's leg symptoms have improved significantly but she continues to report low back pain. She has numbness and tingling in her right leg and foot intermittently. She has completed chiropractic and physical therapy and has tried anti-inflammatory medications and muscle relaxants. Physical examination findings are normal with

some pain noted upon flexion. The treatment plan recommends returning to full duty work. On July 31, 2014, the orthopedic surgeon evaluated the injured worker and documented that she had low back and right buttock pain and was tolerating full work duties fairly well. On examination, the injured worker had an excellent range of motion and normal strength and sensation. The patient states that she wants to avoid surgery and epidural injections if possible. Documentation on September 11, 2014 indicated the low back pain and right buttock pain continued. The injured worker complained of constant mild pain to the right side of the back and buttocks with radiation down the left leg. She rated the pain a 3-4 on a 10-point scale. She was noted to be tolerating full work duties but was uncomfortable. On physical examination she had excellent range of motion, a normal straight line gait, and normal strength and sensation. Documentation from a physician's evaluation dated October 9, 2014 revealed that the injured worker continued to have low back pain and right buttock pain with intermittent sciatica. The patient states that the pain radiates down the left leg, causes numbness radiating to the plantar aspect of the right foot, and causes significant discomfort with work. The patient wants to avoid surgery but is now willing to consider epidural injections or surgery if needed. The physician noted that the large disc herniation was causing constant pain and that the injured worker was interested in trying an epidural injection. She was able to continue her full duties at work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right L5-S1 Selective Nerve Root Block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back: Lumbar and Thoracic/Selective Nerve Root Blocks.

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

**Decision rationale:** Regarding the request for Right L5-S1 Selective Nerve Root Block, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Within the documentation available for review, the requesting physician has identified subjective complaints and objective findings supporting a diagnosis of radiculopathy (numbness at the bottom of the foot consistent with S1 radiculopathy). The MRI corroborates the subjective complaints and objective findings. There is also identification that the patient has failed reasonable conservative treatment measures. As such, the currently requested Right L5-S1 Selective Nerve Root Block is medically necessary.