

<b>Case Number:</b>	CM14-0209125		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/17/2010
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal 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 (IW) is a 64-year-old woman with a date of injury of December 17, 2010. The mechanism of injury occurred when the IW was cleaning up a spill on the floor. The IW twisted her right knee and she heard a pop. The injured worker's working diagnoses are 2 to 3 mm annular disc bulge at L3-L4 with central and bilateral neuroforaminal stenosis; right tibial motor neuropathy at the ankle; right sural sensory neuropathy; and right knee RSD. There are two progress notes in the medical record associated with the selective nerve block. One is dated November 4, 2014 and the other is dated June 3, 2014. Both progress notes are largely illegible. Pursuant to the note dated November 4, 2014, the IW reports the headaches are gone and in the injection helped after 3 to 4 days. The specific injection the IW is referring to is not described. She has ongoing lower back pain and severe constipation. The remainder of the subjective complaints are illegible. Objective findings indicate lumbar spine (illegible) spasms (illegible). The IW is on cholesterol and BP meds. The remainder of the objective documentation is illegible. Treatment plan includes Prilosec. Documentation in the June 3, 2014 progress note indicates awaiting authorization for nerve block. The level(s) to be injected are not documented in the medical record or the request. The current request is for an outpatient selective nerve root block with fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective nerve root block with fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Epidural Steroid Injections

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Nerve Blocks Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Selective Nerve Blocks.

**Decision rationale:** Pursuant to the Official Disability Guidelines, selective nerve block with fluoroscopy is not medically necessary. Selective nerve blocks are also referred to as diagnostic epidural steroid transforaminal injections. They help to determine the level of radicular pain in cases where diagnostic imaging is ambiguous; to help evaluate a radicular pain generator when physical signs and symptoms differ from those found on imaging studies; to help determine pain generators when there is evidence of multilevel nerve root compression; to help determine pain generators when clinical findings are consistent with radiculopathy imaging studies are inconclusive; and to help identify the origin of pain in patients with previous spinal surgery. In this case, the injured worker's working diagnoses are L3 - L4 to 3 mm annular disc bulge with central and bilateral neural foraminal stenosis; L4 - L5 2 to 3 mm and of the bulge with central and bilateral neuroforaminal stenosis; L5 - S1 to 3 mm annular disc bulge causing effacement of the anterior thecal sac; right tibial motor property at the ankle; right sural neuropathy, and right knee RSD. There are two progress notes in the medical record associated with the selective nerve block. One is dated November 4, 2014 and the other is dated June 3, 2014. Both progress notes are illegible and, consequently, there is no clinical indication or rationale that can be derived from the medical entries. Additionally, the level(s) to be injected is/are not documented in the medical record or the request. Consequently, absent clinical documentation (with location/level) and a clinical rationale/indication to support selective nerve block, selective nerve block with fluoroscopy is not medically necessary.