

<b>Case Number:</b>	CM15-0001154		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/02/1990
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 51 year old male sustained an injury on 2/2/90. The injury was caused by a motor vehicle accident. He suffered a back injury and underwent spinal surgeries. The injured worker subsequently complains of chronic back pain. Current medications include Hydrocodone/APAP and Methocarbamol. The UR decision dated 12/26/14 non-certified the right L5, S1 (lower back) selective nerve root blocks x1 as an outpatient. The right L5, S1 (lower back) selective nerve root blocks x1 as an outpatient was not certified based on the lack of clear support for this procedure in ODG and ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5, S1 (lower back) selective nerve root blocks x1 as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back-Lumbar & Thoracic

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Low Back, Epidural steroid injections, diagnostic

**Decision rationale:** Selective nerve root blocks are also known as epidural transforaminal injection. MTUS states, "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." The medical records indicate that this patient has tried ESI in the past; however the records provided do not fully detail objective functional improvement from this previous injection, such as percent improvement and duration of pain relief. The treating physician has indicated the request for ESI is for pain relief; however ODG recommends selective nerve root blocks (SNRB) for diagnostic purposes only and not to therapeutically treat back pain. As such, the request for Right L5, S1 (lower back) selective nerve root blocks x1 as an outpatient is not medically necessary.