

<b>Case Number:</b>	CM15-0001365		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/01/1996
<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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male, who sustained an industrial injury on May 1, 1996. He has reported back pain and leg pain. The diagnoses have included lumbar/lumbosacral disc degeneration. Treatment to date has included physical therapy, chiropractic, spinal fusion, and nerve root blocks of the right lumbar spine. Currently, the injured worker complains of lower back pain radiating to the bilateral legs and left upper back. The treating physician noted decreased range of motion of the spine. The treating physician is requesting selective nerve root blocks with fluoroscopy of the left lumbar spine and authorization for the procedure in an outpatient setting. On December 26, 2014 Utilization Review non-certified the request for selective nerve root blocks with fluoroscopy and the outpatient setting noting the lack of documentation to support the medical necessity of the procedure. The MTUS Chronic Pain Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective Nerve Root Blocks with Fluoroscopy at L4, L5, S1 on the left as an outpatient:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
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**Decision rationale:** The patient presents with pain affecting the lower back which radiates into the bilateral legs and cervical spine. The current request is for Selective Nerve Root Blocks with Fluoroscopy at L4, L5, S1 on the left as an outpatient. The treating physician states, we are requesting preauthorization for SNRB to the right side at L4, L5, and S1. The MTUS guidelines state, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. MRI findings revealed mild degenerative changes without stenosis at L5-S1. In this case, the treating physician has not documented that radiculopathy is present and MRI findings did not show that there were any disc findings at L4 and L5-S1 to cause any radiculopathy. The current request is not medically necessary and the recommendation is for denial.