

<b>Case Number:</b>	CM15-0005108		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	07/17/1996
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 46 year old male, who sustained an industrial injury on 7/17/1996. He has reported increased pain in the legs. The diagnoses have included low back pain, lumbar stenosis, lumbar fusion 1997 and lumbar spine surgery 1998. Past history includes obesity. Treatment to date has included conservative measures, surgical interventions and support stockings. Currently, as per the primary treating physicians PR2's dated 8/13/14, the Injured Worker complains of quite a bit of pain. He is not a candidate for bariatric surgery due to history of blood clots. The physician recommended a diet program of [REDACTED] or [REDACTED]. The PR2 dated 12/4/14, notes that the IW is trying to lose weight on his own. He states he lost 20 pounds. He continues to need a tremendous weight reduction. He is having increased pain in his legs. The PR2 notes have no documented weights noted. The provider requests authorization for a transforaminal nerve block which gives reasonable relief for 2-3 months. On 12/29/14 Utilization Review non-certified a request Right L3-4 & L4-5 selective nerve root block under fluoroscopy, noting the documentation does not clearly support evidence of radiculopathy on exam to support the need of the requested invasive intervention and there are no recent diagnostics available for review. The (MTUS) Medical Treatment Utilization Schedule was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3-4 & L4-5 selective nerve root block under fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing leg pain. Documented pain assessments were minimal and documented examinations were absent. There was no discussion describing symptoms or findings consistent with radiculopathy, indicating the detailed results of prior procedures, suggesting failed prior conservative treatment, or detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for right L3 and L4 select nerve root blocks with fluoroscopic guidance is not medically necessary.