

<b>Case Number:</b>	CM15-0135492		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 63 year old female who sustained an industrial /work injury on 5/3/10. She reported an initial complaint of low back pain. The injured worker was diagnosed as having lumbago/sciatica. Treatment to date includes medication, diagnostics, and left L4-5 epidural steroid injections x3. MRI results were reported on 5/25/10, 6/17/10, 6/24/10, and 4/8/14. Currently, the injured worker complained of persistent back pain with some residual cramping in the leg and weakness on the left side. Per the primary physician's report (PR-2) on 5/21/15, report of left lumbar tenderness, weakness in left quadriceps, left tibialis anterior and left hip rated 4/5, decreased sensation left anterolateral part of the thigh and into the knee, full range of motion of the hips, flexes to within inches of toes but has significant pain, extends to 30 degrees, relatively low wide based gait with difficulty heel/toe walk. The requested treatments included selective nerve block left L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective nerve block left L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections 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 lower back pain that when into the leg. Documented pain assessments and examinations were minimal. There was no discussion detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a selective left L4 nerve root block is not medically necessary.