

<b>Case Number:</b>	CM15-0147847		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	07/14/1998
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 66-year-old female, who sustained an industrial injury on 7-14-1998 to 7-14-1999. The injured worker was diagnosed as having history of L5-S1 laminectomy and fusion, lumbar post-laminectomy syndrome, chronic bilateral lower extremity radicular pain and radiculopathy with acute exacerbation, and bilateral lower extremity sympathetically mediated pain. Treatment to date has included diagnostics, lumbar spinal surgery, lumbar epidural injections, and medications. The progress report (2-12-2015) noted selective nerve root blocks of bilateral L4 and L5 levels 10 days prior. It was documented that she had significant improvement of pain down both legs, greater than 50%, and had not taken any medication for pain post the procedure. She was documented as functionally improved as well. Pain was not rated. Currently, the injured worker complains of worsening bilateral lower extremity pain. Pain radiated down both legs into the feet, along with hypersensitivity. She also had weakness in both lower extremities, causing her to fall on more than one occasion. Exam of the lumbar spine noted positive straight leg raise bilaterally for radicular pain, weakness in bilateral foot dorsiflexion, and hypersensitivity and allodynia at the dorsum of both feet. The treatment plan included a repeat selective nerve root block under fluoroscopic guidance, bilateral L5 and S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Selective Nerve Root Block under fluoroscopic guidance Bilateral L5 and S1:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46.

**Decision rationale:** CA MTUS Guidelines state that ESI are recommended for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Repeat ESI are based on at least 50% relief with a reduction of pain medications for 6-8 weeks and documentation of functional improvement. In this case, the patient underwent a previous ESI ("About 4 months ago") which she states was "very helpful." However it is unclear if the pain relief was 50% or greater. In addition, there is no documentation of reduction in pain medications or functional improvements. Therefore, the request is deemed not medically necessary or appropriate.