

<b>Case Number:</b>	CM15-0149570		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 12, 2014. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for a selective root block and an associated outpatient facility fee. The claims administrator referenced a June 19, 2015 RFA form and an associated progress note of June 15, 2015 in its determination. The applicant personally appealed, in a letter dated July 1, 2015. The applicant contented that the physician Utilization Reviewer who had denied the request(s) had formerly been her treating physician. On June 15, 2015, the applicant reported ongoing complaints of low back radiating to the left leg. The applicant was noted to have left leg sciatica. A transformational epidural steroid injection was sought. The attending provider did not state whether the applicant had or not had previous epidural steroid injection therapy or not. A lumbar MRI imaging of August 18, 2014 was notable for multilevel degenerative disk disease at L3-L5 with associated multilevel subtle indentation upon the ventral aspect of the thecal sac(s). A 3-to 4-mm broad-based disc protrusion was appreciated at the L5-S1 level. On May 29, 2015, the applicant underwent a pelvic symphysis pubis arthrogram with associated injection to ameliorate a preoperative diagnosis of osteitis pubis of the pelvis. The remainder of the file was surveyed. There were no seeming epidural steroid injection procedure notes on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 and L5-S1 Selective Nerve Block: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

**Decision rationale:** Yes, the request for an L4-L5 and L5-S1 selected nerve root block (AKA epidural steroid injection) was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, earlier lumbar MRI imaging of August 18, 2014 was notable for multilevel disc desiccation, multilevel degenerative disc disease, and multilevel low- grade disc protrusion demonstrating subtle indentation upon the ventral aspect(s) of the thecal sac(s). Thus, there was at least some partial radiographic corroboration of radiculopathy at the level(s) in question. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks. Here, the request was framed as a first-time request for epidural steroid injection therapy. Therefore, the request for an L4-L5 and L5-S1 selective nerve root block (AKA epidural steroid injection) was medically necessary.

**Outpatient Facility: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary request for a selective nerve root block (AKA epidural steroid injection) was deemed medically necessary, the derivative or companion request for an associated facility fee/outpatient facility fee was likewise medically necessary.