

<b>Case Number:</b>	CM15-0169857		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: 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 57 year old male who sustained an injury on 2-25-11 resulting when he was delivering a product to a store and went to pull a cart back and the entire cart fell on his right shoulder. Diagnoses are lumbosacral spondylosis; degenerate lumbar, lumbosacral IV disc; UNS thoracic, limb neuritis, radiculitis; spinal stenosis lumbar region. The medical records indicate he continues to experience low back pain; right shoulder and tingling in his toes and reports no changes in symptoms. His pain is moderately controlled with pain regimen. MRI lumbar spine reveals disc protrusions at L3-4, L4-5 and L5-S1; right shoulder MRI shows partial tears of the distal supraspinatus and infraspinatus tendon and a SLAP tear of the glenoid labrum. The plan at the 6-9-15 examination included electromyogram and nerve conduction studies; refill medications and bilateral selective nerve root block injections at L4-S1. The examination indicates bilateral paraspinal tenderness with painful flexion and extension. Medications include Gabapentin 600 mg; Linzess 145 mcg; Percocet 1-325 mg. 7-21-15 the examination reports the same symptoms in his low back and right shoulder without any changes since at least 5-7-15. The pain is moderately controlled with his current pain regimen. It was noted he had right shoulder surgery approximately two years ago. There is another request for bilateral selective nerve root block injections at L4-S1. The examination reveals bilateral paraspinal tenderness with painful flexion and extension. Current requested treatments bilateral lumbar selective nerve root blocks fluoroscopy L4-S1 x 3. The utilization review done on 7-31-15 state the requested treatment is not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral lumbar selective nerve root blocks with fluoroscopy L4-S1 x 3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria have not been met in the provided clinical documentation and the request is not medically necessary.