

<b>Case Number:</b>	CM15-0183741		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/24/2008
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Arizona, California

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 49 year old female who sustained an industrial injury October 24, 2008. Past history included left shoulder arthroscopic rotator cuff repair, anaphylactic reaction to anti-inflammatory medication, compression fractures T12, L1, L2, 1990 (industrial), transforaminal nerve blocks 2009, 2010, May 5, 2011 with initial relief of 90% of pain, and on December 22, 2011, with a 90% improvement in pain one month later, and 2014, lumbar epidural injection, injections to superficial radial nerve neuroma, release-decompression neuroplasty of radial nerve left wrist October 25, 2013. Diagnoses are stenosis, radiculopathy. According to a primary treating physician's progress report dated August 17, 2015, the injured worker presented with complaints of severe right leg pain, with numbness and tingling down the right leg. She reports pain when she walks or stands with numbness over the lateral calf all consistent with spinal stenosis with radiculopathy. No physical examination is noted. Treatment plan included administration of an injection of Toradol (unspecified dosage, location) and at issue, a request for authorization for injection-steroid repeat selective nerve root block under fluoroscopy of the right lumbar spine L4-5, L5-S1 quantity (1). The physician documented he would like to have this injection done before school starts. According to utilization review dated September 8, 2015, the request for Injection- Steroid repeat selective nerve root block under fluoroscopy, of the right lumbar spine L4-5, L5-S1 Quantity: (1) is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection-steroid repeat selective nerve root block under fluoroscopy, of the right lumbar spine L4-5, L5-S1 quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Surgical Considerations, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** In this case, the claimant has had numerous nerve root blocks in the past. Recent request for a block was not supported with physical examination. In addition, prior imaging did not indicate nerve root involvement. The ACOEM guidelines do not recommend invasive procedures due to their short-term benefit. The request for another nerve root block is not medically necessary.