

<b>Case Number:</b>	CM15-0199745		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	05/05/1989
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 72 year old male who sustained an industrial injury on 05-05-1989. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar degenerative disc disease. The injured worker is status post lumbar decompression (no date noted) and right L4 and L5 selective nerve root block on 08-01-2015. According to the treating physician's progress report on 09-19-2015, the injured worker continues to experience low back pain rated at 6 out of 10 on the pain scale. Some of the medical records submitted with the review are difficult to decipher and limited. It appeared that the lumbar epidural steroid injection on 08-01-2015 offered good pain relief without specificities of time frame or functional improvement. Examination on 09-19-2015 demonstrated vertebral spine tenderness with pain in the L3 and L4 area. Latest lumbar spine magnetic resonance imaging (MRI) performed in 10- 2013 with official report was included in the review. Prior treatments were not discussed in the medical records. Current medications were listed as Norco and Colace. Treatment plan consists of the current request for bilateral L4 selective nerve root blocks. On 10-01-2015, the Utilization Review determined the request for bilateral L4 selective nerve root blocks was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4 selective nerve root block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant has a remote history of a work injury in May 1989 when he fell into a ditch while carrying a steel column and is being treated for low back pain with radiating symptoms. In August 2015, he underwent a two level right selective nerve root block procedure at L4 and L5. Three weeks later, there had been good pain relief. Norco was discontinued and tramadol was prescribed at an increased MED (morphine equivalent dose) from 15 mg per day to 22.5 mg per day. When seen, he was having mostly back pain, which was rated at 8/10. Lower extremity reflexes were decreased. Bilateral lumbar selective nerve root blocks were requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern that support a diagnosis of radiculopathy. There is no reported radicular pain. The requested epidural steroid injection is not medically necessary.