

<b>Case Number:</b>	CM15-0031460		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 14, 2013. In a utilization review report dated February 17, 2015, the claims administrator failed to approve a request for multilevel selective nerve root blocks. A January 28, 2015 progress note and associated RFA form were referenced in the determination. The claims administrator contended that the applicant did not have clear or compelling evidence of radiculopathy. The claims administrator did not document the applicant's work status and/or state whether or not the applicant had or had not had prior injections, however. The applicant's attorney subsequently appealed. On January 26, 2015, the applicant reported ongoing complaints of low back pain, neck pain, and hip trochanteric bursitis. The applicant also reported a variety of issues with psychological stress. It was stated that the applicant's multifocal pain complaints were the result of cumulative trauma at work. The applicant was no longer working, it was acknowledged. The applicant was given a primary diagnosis of "mechanical axial low back pain" and a secondary diagnosis of left hip trochanteric bursitis. Multilevel selective nerve root blocks were proposed, along with a hip trochanteric bursa injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective nerve block, right L2-3 QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidural Steroid Injections Page(s): 46.

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

**Decision rationale:** No, the proposed L2-L3 selective nerve root block (a.k.a. epidural steroid injection) was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, in this case, however, there is no mention of the applicant as having any active radicular pain complaints on or around the date of the request, January 26, 2015. The applicant's pain complaints were described as entirely axial at that point in time. Axial low back pain is not an indication for epidural steroid injection therapy, per page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Selective nerve block, left L2-3 and bilateral L4-5, L5-S1 QTY: 5.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidural Steroid Injections Page(s): 46.

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

**Decision rationale:** Similarly, the request for a selective nerve root block (a.k.a. epidural steroid injection) at L2-L3, L4-L5, and L5-S1 was likewise not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, in this case, however, there is no mention of the applicant as having any active radicular pain complaints on or around the date of the request, January 26, 2015. The applicant's pain complaints were entirely axial on that date, the treating provider acknowledged. Axial low back pain, however, is not an indication for epidural steroid injection therapy, per page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.