

<b>Case Number:</b>	CM15-0042462		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	10/12/2009
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old female, who sustained an industrial injury on 10/12/2009. She has reported falling while attempting to sit in a chair. The diagnoses have included status post L3-4 posterior fusion with pseudoarthrosis. Treatment to date has included psychotherapy and biofeedback. Currently, the IW complains of chronic low back pain associated with radiation of symptoms to right lower extremity. The physical examination from 1/27/15 documented limited Range of Motion (ROM) of the low back. The provider documented results of radiographic imaging was consistent with clinical complaints and findings. The plan of care included nerve root blocks to right side of L4-L5, followed by physical therapy and/or a functional restorative program including aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4 nerve root block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents with low back pain radiating to right lower extremity. The request is for right L4 nerve root block. The request for authorization is dated 01/27/15. MRI of the lumbar spine, 01/20/15, shows mild diffuse DDD throughout the lumbosacral spinal region which is greatest at L4-5, increase in the central disc protrusion/extrusion at L4-5, which is asymmetrically greater to the right with resultant compression of the right L5 nerve root in the subarticular space, and significant foraminal stenosis at L4-5 (greater on the right). She describes recurrent low back pain with change in position or standing, as well as bending, twisting and turning, and the pain is diminished by sitting and lying down. She denies numbness and tingling. Tenderness is absent on palpation of the thoracic/lumbosacral spine. Range of motion of the back is limited. Range of motion, strength, and stability of the bilateral hips and lower extremities are within normal limits. Straight leg raise is negative. The lower extremities are neurologically intact, with DTRs absent. The patient's medication includes Ibuprofen. The patient's work status is not provided. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per progress report dated, 01/27/15, treater's reason for the request is "in an effort to provide her with symptomatic benefit." In this case, results of the MRI scan of the lumbar spine, 01/20/15, shows an extruded disc toward the symptomatic right side at L4-5, along with foraminal stenosis at this level. Given the patient's significant pain down the right leg, and the MRI findings, a trial of L4 nerve block to address potential nerve root irritation from narrowed foramin on the right side would appear reasonable. The request IS medically necessary.

**Right L5 nerve root block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents with low back pain radiating to right lower extremity. The request is for right L5 nerve root block. The request for authorization is dated 01/27/15. MRI of the lumbar spine, 01/20/15, shows mild diffuse DDD throughout the lumbosacral spinal region which is greatest at L4-5, increase in the central disc protrusion/extrusion at L4-5, which is asymmetrically greater to the RIGHT with resultant compression of the RIGHT L5 nerve root in the subarticular space, and significant foraminal stenosis at L4-5 (greater on the RIGHT). She describes recurrent low back pain with change in position or standing, as well as bending, twisting and turning, and the pain is diminished by sitting and lying down. She denies numbness

and tingling. Tenderness is absent on palpation of the thoracic/lumbosacral spine. Range of motion of the back is limited. Range of motion, strength, and stability of the bilateral hips and lower extremities are within normal limits. Straight leg raise is negative. The lower extremities are neurologically intact, with DTRs absent. The patient's medication includes Ibuprofen. The patient's work status is not provided. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per progress report dated, 01/27/15, treater's reason for the request is "in an effort to provide her with symptomatic benefit." In this case, results of the MRI scan of the lumbar spine, 01/20/15, shows an extruded disc toward the symptomatic right side at L4-5 with right L5 nerve root impingement. Given the patient's significant pain down the right leg, and the MRI findings, a trial of L5 nerve block to address nerve root impingement due to disc herniation would appear reasonable. The request IS medically necessary.