

<b>Case Number:</b>	CM15-0082098		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 42-year old male, with a reported date of injury of 03/08/2012. The diagnoses include left shoulder full thickness rotator cuff tear and impingement, and lumbosacral strain. Treatments to date have included left shoulder surgery, oral medications, physical therapy, and an MRI of the lumbar spine on 11/01/2013. The follow-up orthopedic evaluation dated 03/31/2015 indicates that the injured worker underwent surgery of his left shoulder on 03/16/2015. He continued to experience pain in his left shoulder and lumbar spine. The injured worker reported having related numbness and tingling sensations in his bilateral lower extremities. The objective findings include healed surgical incision scars on the left shoulder, tenderness upon palpation of the left shoulder, limited range of motion of the left shoulder, tenderness and myospasm upon palpation of the lumbar spine, and limited range of motion with pain in the lumbar spine. The treating physician requested a selective nerve root block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective nerve root block:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic.

**Decision rationale:** The claimant sustained a work injury in March 2012 and is being treated for left shoulder and radiating low back pain. He has had two lumbar spine MRI scans showing disc bulging at L4-5. When seen, there was decreased lumbar spine range of motion with tenderness and muscle spasms. A diagnostic epidural steroid injection (also referred to as selective nerve root blocks) were originally developed as a diagnostic technique to determine the level of radicular pain. Guidelines recommend that no more than 2 levels should be performed on one day. Criteria include cases where diagnostic imaging is ambiguous, to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies, to help to determine pain generators when there is evidence of multi-level nerve root compression, to help to determine pain generators when clinical findings are consistent with radiculopathy but imaging studies are inconclusive, and to help to identify the origin of pain in patients who have had previous spinal surgery. In this case, the claimant has bilateral lower extremity radicular symptoms with disc bulging by imaging without apparent neural compromise. However, there are no clinical findings consistent with radiculopathy such as decreased lower extremity sensation, strength, abnormal reflexes, or neural tension signs. Therefore, the requested lumbar selective nerve root block is not medically necessary.