

<b>Case Number:</b>	CM15-0083318		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 56 year old male who sustained an industrial injury on 02/04/2010. Current diagnoses include right L5 foraminal stenosis and isthmic spondylolisthesis. Previous treatments included medication management, epidural injections, physical therapy, chiropractic therapy, and acupuncture. Previous diagnostic studies include an MRI of the lumbar spine dated 10/08/2014. Report dated 04/01/2015 noted that the injured worker presented with complaints that included pain in his back and down his right leg. It was noted that the injured worker was working a modified job and takes Vicodin a couple times a week. Pain level was not included. Medication regimen includes Celebrex and Vicodin. Physical examination was positive for abnormal findings. The treatment plan included request for right L5 selective nerve block for diagnostic and therapeutic purposes, and return in two months. Disputed treatments include right L5 selective nerve root block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5 Selective Nerve Root Block: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic.

**Decision rationale:** Selective nerve root blocks are also known as epidural transforaminal injection. MTUS is silent on selective nerve root blocks. ODG states: Recommended as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. The treating physician documented that the selective nerve root block (SNRB) was to treat the patient's low back pain and radicular symptoms. However, ODG recommends selective nerve root blocks (SNRB) for diagnostic purposes only and not to therapeutically treat back pain. Additionally, medical records provided indicate this patient has had 2 previous ESIs that did not provide the patient with pain relief and allow for the reduction of pain medications as outlined in guidelines. As such, the request for Right L5 Selective Nerve Root Block is not medically necessary.