

<b>Case Number:</b>	CM14-0112426		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/13/1997
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old male with a 11/13/1997 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/11/14 noted subjective complaints of back pain radiating to left lower extremity. Objective findings included lumbar paraspinal tenderness, diminished 4/5 strength b/l dorsiflexion, reduced sensation in b/l L4 and L5 dermatomes. DTRs of the lower extremities was symmetric. CT lumbar spine 6/10/14 noted L3-L4 moderate right and mild left neuroforaminal narrowing, with possible L3 nerve root impingement. There was enlarged left L4 exiting nerve root. There was mild bilateral foraminal stenoses at L5-S1. Diagnostic Impression: post-laminectomy syndrome lumbar region, lumbar radiculitis Treatment to Date: medication management, aqua therapy, L4-S1 fusion A UR decision dated 7/15/14 denied the request for left lumbar selective NB under fluoroscopy guidance. The specific level to be injected is not elaborated in the record to support this request. There is no recent conservative treatment that was tried and failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LT Lumbar Selective NB Under Fluoroscopy Guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The patient does have objective radicular findings on both physical exam as well as CT imaging. However, there is no mention of conservative measures. Additionally, the proposed treatment does not specify which level or levels are to be injected. Therefore, the request for LT lumbar selective NB under fluoroscopy guidance was not medically necessary.