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| <b>Case Number:</b>   | CM14-0117666 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 06/11/2012 |
| <b>Decision Date:</b> | 12/26/2014   | <b>UR Denial Date:</b>       | 07/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/25/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 55 year old male with date of injury 6/11/12. The treating physician report dated 7/3/14 indicates that the patient presents with right leg weakness and associated numbness and tingling. The patient underwent a lumbar ESI one month ago and the patient is working on light duty. The physical examination findings reveal slight depression of the right knee jerk and slight altered sensation in the right anterior thigh. MRI findings dated 6/30/14 reveal a stenotic canal at L2/3 and L3/4 on the right secondary to disc bulging and facet osteoarthritis. The current diagnoses are: 1. Rule out foraminal stenosis L2/3 right 2. Radiculitis. The utilization review report dated 7/17/14 denied the request for Selective Nerve Root Block at L2/3 based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective nerve root block at L2-L3 anesthesia/fluoroscopic guidance x-rays with procedure (as requested by [REDACTED]):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Epidural Steroid Injec.

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

**Decision rationale:** The patient presents with chronic right leg weakness with paresthesia and is one month post lumbar ESI. The current request is for Selective nerve root block at L2-L3 anesthesia/fluoroscopic guidance x-rays with procedure (as requested by [REDACTED]). The treating physician report dated 7/3/14 states, "A month ago was his last epidural steroid injection. The left leg is good. The right leg still seems weak with associated numbness and tingling. I have talked to [REDACTED] about this gentleman's condition and MRI scan findings. A selective nerve root block at L2/3 on the right will be performed by [REDACTED] to help delineate the underlying pathology and identify the pain generator site." On 6/9/14 the diagnosis was L3/4 radiculopathy. The 2/24/14 report states that L4/5 and L5/S1 ESI series of three injections will be performed in 2 weeks. The MTUS guidelines support epidural steroid injections when proper criteria are met. In this case there is documentation of at least 2 epidural steroid injections in the past 5 months and possibly 4 injections. The documentation provided is unclear if the 2nd and 3rd injections of the series of 3 were performed or not. Regardless, the treating physician has failed to document improved pain and function of at least 50% and there is no documentation of reduced medication usage for at least 6-8 weeks following the injections that were performed. Furthermore, the MRI showed stenosis at L2-3 and L3-4. Selective nerve root block at L2-3 would miss this stenosis since stenosis is central and not foraminal. The treater does not describe any leg symptoms that would correlate with L2-3 level either. Recommendation is for denial.