

<b>Case Number:</b>	CM14-0141360		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/05/2002
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Internal Medicine and is licensed to practice in Illinois and 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 injured worker is a 73 year old female with a reported injury on 08/05/2002. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar radiculitis, lumbar degenerative disc disease, L4-5 disc herniation, and muscle spasms with trigger points. The injured worker's past treatments included a right L4 and L5 selective nerve root block with a 95% reduction in pain on 08/07/2013, physical therapy with a 50% improvement in pain, trigger point injections, acupuncture, occupational therapy, and a right L4 and right L5 selective nerve root block on 10/03/2012 with 90% improvement in her symptoms for 4 weeks. The injured worker's diagnostic testing included an official lower extremity EMG/NCV on 02/26/2014 which showed no electrodiagnostic evidence of acute lumbar motor radiculopathy, peripheral neuropathy, or compression mononeuropathy. The injured worker's surgical history included a C4-5 and C5-6 anterior interbody fusion. The injured worker was evaluated for right greater than left lower back pain with radiation to the right buttock on 09/10/2014. The clinician observed and reported a focused lumbar spine examination which revealed decreased range of motion, normal motor examination graded at 5/5 in all fields, and a positive straight leg raise at 65 degrees bilaterally. Decreased sensation in the L4 and L5 distribution was noted. The injured worker's medications included topical gabapentin/flurbiprofen/tramadol/cyclobenzaprine, oral gabapentin 800mg three times per day, and Toradol IM 30 mg. The request was for Right L4-L5 Selective Nerve Root Block for treatment of lumbar radiculitis. The request for authorization form was submitted on 09/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 Selective Nerve Root Block: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Right L4-L5 Selective Nerve Root Block is not medically necessary. The injured worker complained of right greater than left lower back pain with radiation to the right buttock. The California MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The purpose of epidural steroid injections is to facilitate progress in more active treatment programs, but injections alone offer no significant long-term functional benefit. 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 6 to 8 weeks. The injured worker had a right L4 and L5 selective nerve root block with a 95% reduction in pain on 08/07/2013. There is a lack of documentation to verify the duration of pain relief as well as functional improvement and reduced medication use for 6 to 8 weeks following the previous block. Based on this information, the request for a repeat block is not supported. Therefore, the request for Right L4-L5 Selective Nerve Root Block is not medically necessary.