

<b>Case Number:</b>	CM14-0148041		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Pain Management and Rehabilitation, 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 31 year-old patient sustained an injury on 7/27/12 while employed by [REDACTED] Request(s) under consideration include Right L5-S1 Selective Nerve Root Block and Bilateral L5-S1 Facet Blocks with Fluoroscopy. Diagnoses include lumbosacral spondylolisthesis at L5-S1/ rule out L4-S1 radiculopathy. Conservative care has included medications, physical therapy, TENS use, and modified activities/rest. Reports of 6/5/14 and 7/23/14 from the provider noted ongoing chronic low back pain radiating into the right leg to foot associated with burning, numbness and tingling; left shoulder pain improved with therapy. Exam of the low back showed tenderness and spasm; right-sided L5-S1 radiculopathy. Treatment plan included continued additional 12 PT sessions for shoulder and low back along with nerve root block and facet injections. The request(s) for Right L5-S1 Selective Nerve Root Block and Bilateral L5-S1 Facet Blocks with Fluoroscopy were non-certified on 8/20/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5-S1 Selective Nerve Root Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid Injections (ESIs).

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

**Decision rationale:** This 31 year-old patient sustained an injury on 7/27/12 while employed by [REDACTED]. Request(s) under consideration include Right L5-S1 Selective Nerve Root Block and Bilateral L5-S1 Facet Blocks with Fluoroscopy. Diagnoses include lumbosacral spondylolisthesis at L5-S1/ rule out L4-S1 radiculopathy. Conservative care has included medications, physical therapy, TENS use, and modified activities/rest. Reports of 6/5/14 and 7/23/14 from the provider noted ongoing chronic low back pain radiating into the right leg to foot associated with burning, numbness and tingling; left shoulder pain improved with therapy. Exam of the low back showed tenderness and spasm; right-sided L5-S1 radiculopathy (no specific neurological exam of motor strength or sensation findings presented). Treatment plan included continued additional 12 PT sessions for shoulder and low back along with nerve root block and facet injections. The request(s) for Right L5-S1 Selective Nerve Root Block and Bilateral L5-S1 Facet Blocks with Fluoroscopy were non-certified on 8/20/14. MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular findings, neurological deficits or remarkable diagnostics to support the nerve blocks. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. The Right L5-S1 Selective Nerve Root Block is not medically necessary and appropriate.

**Bilateral L5-S1 Facet Blocks With Fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

**Decision rationale:** This 31 year-old patient sustained an injury on 7/27/12 while employed by [REDACTED]. Request(s) under consideration include Right L5-S1 Selective Nerve Root Block and Bilateral L5-S1 Facet Blocks with Fluoroscopy. Diagnoses include lumbosacral spondylolisthesis at L5-S1/ rule out L4-S1 radiculopathy. Conservative care has included medications, physical therapy, TENS use, and modified activities/rest. Reports of 6/5/14 and 7/23/14 from the provider noted ongoing chronic low back pain radiating into the right leg to foot associated with burning, numbness and tingling; left shoulder pain improved with therapy. Exam of the low back showed tenderness and spasm; right-sided L5-S1 radiculopathy (no specific neurological exam of motor strength or sensation findings presented). Treatment plan included continued additional 12 PT sessions for shoulder and low back along with nerve root block and facet injections. The request(s) for Right L5-S1 Selective Nerve Root Block and Bilateral L5-S1 Facet Blocks with Fluoroscopy were non-certified on 8/20/14. Per

ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral L5-S1 Facet Blocks with Fluoroscopy is not medically necessary and appropriate.