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| <b>Case Number:</b>   | CM14-0091796 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 04/13/2011 |
| <b>Decision Date:</b> | 10/10/2014   | <b>UR Denial Date:</b>       | 06/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/16/2014 |

### 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 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 33 year old female with a 4/13/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/28/14 noted subjective complaints of back pain radiating into her right leg with burning, numbness and tingling. Objective findings included L3-4 and L4-5 radiculopathy on the right with positive SLR and weakness with extension of the right foot. There are no imaging study reports available for review. It is reported that the patient had a prior ESI in 11/13 without significant benefit. Diagnostic Impression: lumbar radiculopathy/Treatment to Date: prior ESI, medication management A UR decision dated 6/10/14 denied the request for nerve root blocks at right L3-4 and L4-5. There was lack of documentation of positive response to the previous epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Root Blocks at Right L3-4 and L4-5: Upheld**

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

**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. However, while there is physical exam evidence of radiculopathy, there is no imaging study report such as MRI which corroborates this finding. Additionally, there is no clear documentation of failure of conservative management. Furthermore, there is no documentation of any quantitative benefit derived from the prior ESI. Therefore, the request for nerve root blocks at right L3-4 and L4-5 was not medically necessary.