

<b>Case Number:</b>	CM14-0213088		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 38-year-old man who sustained a work-related injury on May 13, 2009. He subsequently developed chronic back pain. According to the neurological progress note dated December 11, 2014, the patient had chronic left lumbar radiculopathy with no signs of any neurological deficits. He remained gainfully employed, but continued to have substantially labor impacting low back pain radiating into the left leg. The patient did have 2 level degenerative disease at L4-5 and L5-S1, per his lumbar MRI. He did have a congenitally small canal to begin with. The degenerative disc disease at L4-5 was more eccentric to the right than the left, but it did impact the left foraminal recess. The L5-S1 level had a left eccentric disc herniation producing fairly high-grade compromise of the left neural foraminal and nerve root. The patient has had previous injections with short-term benefit. The provider requested authorization to perform L5-S1 selective nerve root block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(L) L5-S1 selective nerve root block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. There is no electrodiagnostic documentation of radiculopathy. There is no clear documentation of failure of conservative therapies with compliance with first line therapies. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for L5-S1 SELECTIVE NERVE ROOT BLOCK is not medically necessary.