

<b>Case Number:</b>	CM15-0001202		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 58 year old female, who sustained an industrial injury on February 15, 2011. The mechanism of injury is unknown. The diagnoses have included chronic cervicgia, chronic lumbar backache, bilateral upper and lower extremity radiculopathic pain and recurrent lumbar facet arthropathy and myofascial strain. Treatment to date has included trigger point injection, suboccipital blocks and medication. Currently, the injured worker complains of bilateral neck pain, left sided lower back pain, right shoulder pain, left hand pain and right hand pain. With medications, she rated her pain as a 2 on a 0-10 pain scale. Without medication, she rated her pain as a 10 on the scale. A recent trigger point injection resulted in a mild pain level rated a 1-3 on the pain scale. She stated that a recent suboccipital block on the right was more beneficial than a previous one, resulting in improvement in her headaches. On December 5, 2014, Utilization Review non-certified a right selective nerve root block L5-S1. Non-MTUS Guidelines were cited. On January 5, 2015, the injured worker submitted an application for IMR for review of right selective nerve root block L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Right SNRB (selective nerve root block) at L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** This 58 year old female patient has complained of neck pain and low back pain since the date of injury 2/15/11. She has been treated with physical therapy, nerve blocks, trigger point injections and medications. The current request is for 1 right selective nerve root block at L5-S1. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, 1 right selective nerve root block at L5-S1 is not indicated as medically necessary.