

<b>Case Number:</b>	CM15-0104788		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/09/2001
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 year old female, who sustained an industrial injury on March 9, 2001, incurring low back injuries. She was diagnosed with lumbar spine degenerative disc disease, lumbosacral spondylosis, lumbosacral radiculopathy, and lumbosacral sprain. Treatment included acupuncture, muscle relaxants, exercises and work restrictions. Currently, the injured worker complained of constant right hip and right leg pain. She has decreased sensation and pain with internal and external rotation of her hip. The treatment plan that was requested for authorization included a right lumbar nerve root block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3-4 selective nerve root block:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic.

**Decision rationale:** The claimant sustained a work injury in March 2001 and underwent a lumbar fusion in March 2012. She continues to be treated for right hip and right leg pain. When seen, symptoms were now also including the right foot. Physical examination findings included positive straight leg raising and decreased sensation. There was pain with hip rotation. The assessment references the requested diagnostic injection to determine whether the claimant's symptoms are coming from her spine or hip. A diagnostic epidural steroid injection (also referred to as selective nerve root blocks) were originally developed as a diagnostic technique to determine the level of radicular pain. Guidelines recommend that no more than 2 levels should be performed on one day. Criteria include to help to identify the origin of pain in patients who have had previous spinal surgery as in this case. The reason for the request is clear and appropriate, intending to try to determine the source of the claimant's symptoms. The request was medically necessary.