

<b>Case Number:</b>	CM15-0171482		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	11/30/1995
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male, who sustained an industrial injury on 11-30-95. The injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), radicular leg pain and restricted range of motion (ROM) following open reduction internal fixation (ORIF) of right femur. Medical records dated 5-12-15 through 7-27-15 indicate the injured worker complains of pain in low back, legs and feet with numbness and weakness. The pain is rated 5-10 out of 10 in the back and 5 out of 10 in the legs. He reports difficulty walking. Physical exam notes (7-27-15) indicate lumbar tenderness to palpation, spasm and decreased range of motion (ROM). There is bilateral decreased lower extremity range of motion (ROM). Treatment to date has included surgery, massage therapy, injections and medication. Exam dated 7-27-15 provides magnetic resonance imaging (MRI) from 2014 indicates "chronic compression T12 and L5, mild to moderate degenerative disc disease (DDD) with annular tears L4-5 and L5-S1." The original utilization review dated 8-14-15 provides the request for outpatient elective nerve root block bilateral L5-S1 and L4-L5 is non-certified noting radiculopathy must be documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient elective nerve root block bilateral L5-S1 and L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Special Studies, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** IN this case, there is no evidence on exam or imaging results of radiculopathy. The guidelines indicate the ESI/nerve root blocks require correlation to necessitate an ESI. In addition, the ACOEM guidelines do not recommend invasive procedures such as ESI due to their short term benefit. The request for ESI is not medically necessary.