

<b>Case Number:</b>	CM15-0090001		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male sustained an industrial injury to the low back on 4/11/14. Previous treatment included x-rays, magnetic resonance imaging, electromyography, physical therapy, chiropractic therapy, epidural steroid injections and medications. The injured worker reported that lumbar spine epidural steroid injection provided him with 50% decrease in overall pain for four to six weeks. In a neurologic consultation report dated 3/30/15, the injured worker complained of ongoing left sided low back pain with numbness to the left thigh and pain radiating to the left hip. Physical exam was remarkable for 5/5 strength throughout all muscle groups. The physician noted that magnetic resonance imaging lumbar spine (5/16/14) showed mild to moderate lumbar spine stenosis at left L4-5 with disc herniation at L3-4 and L4-5. Current diagnoses included left L3-4 far lateral disc herniation and L3-4 moderate spinal stenosis. The treatment plan included selective nerve root block at L3-L4 and L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective nerve root block at L3-L4 and L4-L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The patient presents with pain affecting the low back associated with numbness to the left thigh and radiation to the left hip. The current request is for Selective nerve root block at L3-L4 and L4-L5. The treating physician report dated 2/23/15 (48B) states, "The patient presents today with a constant moderately severe low back pain, which radiates to the left lower extremity. His lower extremity radicular pain is in the left L5-S1 dermatome distributions. He has lower extremity motor weakness along with lower extremity sensory deficit." He has failed extensive conservative treatment for his lumbar spine complaints. He also had two prior lumbar spine epidural injections, which have failed to resolve his complaints in the lumbar spine." A report dated 3/30/15 (69B) states, "MRI studies showed that the patient has mild to moderate lumbar spinal stenosis at the left L4-L5 as well as a left L3-L4 and L4-L5 far lateral foraminal disc herniation." The report goes on to state, "I think he would benefit from a left L3-L4 and L4-L5 hemilaminectomy, foraminotomy, and a left L3-L4 microdiscectomy as there appears to be a nerve compression at those two levels and he continues to be symptomatic after his injury." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided, do show that the patient has received at least one previous ESI at the L4-5 level and an additional at an unspecified level. In this case, the treating physician states that two previous ESI's failed to improve the patient's symptoms and the MTUS guidelines recommend repeat blocks only if functional improvement is documented. The current request does not satisfy the MTUS guidelines as outlined on page 46. Recommendation is for denial. Therefore the request is not medically necessary.