

Case Number:	CM13-0015323		
Date Assigned:	03/12/2014	Date of Injury:	07/27/2010
Decision Date:	04/28/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old male with date of injury of 7/27/2010. The most current panel qualified medical examination report, dated on 3/20/2014, lists subjective complaints as occasional lower back pain and right leg pain, which is currently the most painful and worsened by activity. He also complains of residual right lateral buttock area pain, consistent with the right S1 nerve root. The objective findings indicate that an examination of the cervical and thoracolumbar spine revealed tenderness with palpation of the paraspinal muscles L4-5 on the right side. There were no neurological deficits, joint tenderness, focal weakness or decreased range of motion. An MRI of the lumbar spine from October 2010 showed an L4-5 left-sided disc protrusion that extended into the foramen and displaced the left L4-5 root. The diagnoses include: 1. Lumbar disc disease; and 2. Cervical sprain

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT S1 SELECTION NERVE ROOT INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS (ESIs), Page(s): 46.

Decision rationale: The patient does present with bilateral lumbar radiculopathy. The imaging studies indicate that the level of involvement is L4-5. There is no apparent nerve root impingement seen on the MRI at the level of L5-S1. The Chronic Pain Guidelines indicate the epidural steroid injections are recommended as an option for treatment of radicular pain. The guidelines require that imaging studies corroborate radicular findings on physical exam. The S1 nerve root does not appear to be involved. The request for right S1 selective nerve root block is not medically necessary.