

Case Number:	CM13-0021509		
Date Assigned:	01/31/2014	Date of Injury:	07/21/2003
Decision Date:	04/23/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/09/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 61-year-old male who reported injury on 07/21/2003. The mechanism of injury was noted to be the patient did physical lifting and moving of office stuff. The clinical documentation indicated the patient had previous epidural steroid injections. Documentation on 05/06/2013 revealed the patient had a positive straight leg raise on the right and the neurologic examination revealed the patient had decreased gastrocnemius strength on the right with numbness in the right medial calf. The patient's diagnosis was intervertebral disc disorder in the lumbar or lumbosacral back. The treatment included a written referral for a right L5 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L5 SELECTIVE NERVE ROOT BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: California MTUS Guidelines recommend for repeat epidural steroid injections there must be objective documented pain relief and functional improvement including

at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The clinical documentation submitted for review indicated the patient had previous epidural steroid injections. However, there was a lack of documentation indicating when the last epidural steroid injection was. There was a lack of documentation of the above criteria. There was a lack of documentation of specific objective myotomal or dermatomal finding upon examination. Given the above, the request for right L5 selective nerve root block is not medically necessary.