

Case Number:	CM13-0029374		
Date Assigned:	11/01/2013	Date of Injury:	08/24/1989
Decision Date:	01/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 claimant is a 64 year old injured in a work related accident on August 24, 1989. The recent clinical records for review include a prior procedural note dated May 13, 2013 indicating the claimant underwent bilateral L4-5 and L5-S1 selective nerve root blocks under fluoroscopy with Xylocaine and Depromedrol. The followup assessment August 15, 2013 states the claimant continues to develop leg pain and benefit from the prior procedure was not noted. It states a repeat procedure to be performed at the two requested levels was being requested at that time. The previous clinical imaging is not available for review. Specific forms of treatment dating back to the time of injury in 1980 are also not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Select nerve root block (SNRB) bilateral at L4-5 and L5-S1 for lumbar stenosis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs)..

Decision rationale: CA MTUS with respect to epidural steroid injections states, "1) Radiculopathy must be documented by physical examination and corroborated by imaging

studies and/or electrodiagnostic testing". Based on the CA MTUS Chronic Pain Guidelines the injection to be performed at the two requested levels L4-5 and L5-S1 bilaterally would not be indicated. The claimant does not have any physical examination findings demonstrating the presence of a radicular process at the requested procedural level and there is no imaging confirmation of nerve root impingement; as such the requested epidural steroid injection is not recommended as medically necessary.