

Case Number:	CM13-0035990		
Date Assigned:	12/13/2013	Date of Injury:	08/16/2012
Decision Date:	06/06/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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.

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 43 year-old male who sustained an injury to his low back on 08/16/12 after a slip and fall. It was reported that the injured worker has underlying muscular dystrophy that is non-progressive in nature. The records indicate that the patient has been on temporary total disability since August of 2012. A physical therapy note dated 07/31/13 reported that the injured worker has completed his 6th physical therapy visit. The patient was released to a home exercise program. A clinical note dated 11/06/13 reported that the injured worker continues to have low back pain at 6/10 VAS.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-L5 AND L5-S1 LEVELS FOR SELECTIVE NERVE ROOT BLOCK:

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 Page(s): 46.

Decision rationale: The request for bilateral L4-5 and L5-S1 levels selective nerve root blocks is not medically necessary. A previous request was denied on the basis that radiculopathy had not been documented. An MRI of the lumbar spine dated 05/13/13 was negative for nerve root compromise or compression. Electrodiagnostic studies have not been performed to objectively

confirm radiculopathy. The CA MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Physical examination dated 11/16/13 noted range of motion limited with flexion/extension and lateral rotation; sensation decreased to light touch at L4-5 and L5-S1 bilaterally; reflexes 2+ throughout; motor strength 4/5 in the bilateral lower extremities L4-5 and L5-S1 dermatomes; straight leg raise positive in the bilateral lower extremities; Patrick's test positive bilaterally. There was no recent imaging report and there was no documentation that the injured worker has failed conservative treatment. Given the clinical documentation submitted for review, medical necessity of the request for bilateral L4-5 and L5-S1 levels selective nerve root blocks has not been established.