

Case Number:	CM13-0036171		
Date Assigned:	12/13/2013	Date of Injury:	09/27/2012
Decision Date:	04/21/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 40-year-old male who reported an injury on 09/27/2012 after he was hit by an object that caused him to fall. The patient reportedly sustained an injury to his right arm and low back. The patient underwent surgical intervention for the right shoulder. The patient's most recent clinical findings documented that the patient had bilateral paraspinal tenderness of the lumbar spine with limited range of motion secondary to pain and a positive straight leg raising test bilaterally at 40 degrees. The patient underwent an electrodiagnostic study in 09/2013 that documented the patient had evidence of radiculopathy involving the S1 distribution. The request was made for an epidural steroid injection at the L5-S1 and right S1 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION LESI L5-51 AND RIGHT S1 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: The Expert Reviewer's decision rationale: The requested left epidural steroid injection at the L5-S1 and right S1 selective nerve root block are not medically necessary or

appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have failed to respond to conservative treatment and have physical findings upon examination of radiculopathy that is supported by an electrodiagnostic or imaging study. The clinical documentation does provide evidence that the patient underwent an electrodiagnostic study that did indicate S1 radiculopathy. Additionally, the clinical documentation submitted for review does indicate that the patient has a bilateral straight leg raising test with disturbed sensation in the S1 dermatome. However, the clinical documentation submitted for review does state that the patient has had limited conservative therapy for the low back. There is no evidence within the documentation that the patient has received physical therapy focused on the patient's lumbar injury. Additionally, it is unclear why the patient would need both an L5-S1 epidural steroid injection and a right S1 selective nerve root block. As such, the requested injection LESI L5-S1 and right S1 selective nerve root block is not medically necessary or appropriate.