

Case Number:	CM13-0036613		
Date Assigned:	12/13/2013	Date of Injury:	04/20/2007
Decision Date:	04/18/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/21/2013

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 and Rehabilitation, and is licensed to practice in Texas. 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 50-year-old male who reported an injury on 04/20/2007. The mechanism of injury was not provided. The note dated 11/14/2013 indicated the patient had complaints of ongoing pain to the right knee. The patient also had complaints of ongoing pain to the low back. Upon examination of the lumbosacral spine, the range of motion was limited to flexion at 70 degrees, extension at 30 degrees, bilateral rotation at 40 degrees, and bilateral tilt at 40 degrees. On palpation, there was pain at the L4-5 and right paraspinal musculature, with pain to the right sciatic notch and allodynia and sensitivity to the posterior aspect of the right thigh extending from the mid buttocks down to the knee and calf. There was a positive straight leg raise on the right at approximately 50 degrees and negative on the left. Reflexes were 2+ and symmetrical at the patella and Achilles. Strength was 5/5 with flexion, extension, and EHL function.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELECTIVE NERVE ROOT BLOCK AT L5 ON THE RIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CRITERIA FOR THE U.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: The request for selective nerve root block at L5 on the right is non-certified. The California MTUS Guidelines state that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must also be initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants). The records submitted for review fail to include documentation of significant neurological deficits such as decreased motor strength and decreased sensation in specific dermatomal distribution. In addition, the records submitted for review failed to include imaging studies and/or electrodiagnostic testing that revealed radiculopathy. Furthermore, the records submitted for review failed to include documentation that the patient had been unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. As such, the request for selective nerve root block at L5 on the right is not supported. Therefore, the request is non-certified.