

Case Number:	CM13-0036661		
Date Assigned:	12/13/2013	Date of Injury:	06/19/2011
Decision Date:	05/12/2014	UR Denial Date:	10/09/2013
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 Internal Medicine and 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 33-year-old male who reported an injury on 06/19/2011. The patient sustained a low back strain while planting, digging and bending repetitively. At one point he reached for a tool and twisted his back. A progress note dated 09/20/2013 indicated the patient has progressive worsening of the low back pain radiating into the lower extremities bilaterally. The patient was seen again on 09/30/2013 for significant sharp right lower extremity pain. The patient also declared that he has numbness and tingling, and the ache in his back makes it unbearable for him to sit down. The patient has significant pain radiating down to his buttock area and down to his right leg. On physical exam, the lumbar spine reveals that the patient has spasms in his lower spine. He also has a positive straight leg raise on the right side, as well as numbness and tingling at the L4-5 distribution. The patient is status post disc replacement at L5-S1 level performed on 06/04/2012. The patient is utilized medications to reduce his discomfort including Vicoprofen, some Fexmid, Soma, Terocin cream, omeprazole to protect his stomach, as well as Neurontin 300 mg by mouth 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SELECTIVE NERVE ROOT BLOCK AT L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: Under California MTUS, it states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As noted in the documentation, there are no unequivocal objective findings that identify specific nerve root compromise on the neurological examination. Although the patient is having subjective complaints of numbness and tingling, as well as radiating pain down his right lower extremity, with one mention of motor loss, there are no objective findings to verify a diagnosis of radiculopathy. Therefore, at this time, the requested service does not meet guideline criteria for a Bilateral Selective Nerve Root Block at L4-5. As such, the requested service is non-certified.