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| Case Number: | CM13-0052446 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 11/04/1999 |
| Decision Date: | 06/11/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 11/15/2013 |

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 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 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:

This is a 54-year-old gentleman injured his low back on 11/04/1999. The clinical records available for review include a 09/25/13 progress report recommending a left S1 selective epidural steroid injection as treatment for continued low back complaints, with radiating pain to the left leg. Objectively there was a positive straight leg raise, equal and symmetrical deep tendon reflexes, and no documentation of motor or sensory loss. The diagnosis was a prior lumbar fusion following instrument removal in 2003, with continued low back and leg complaints. Medical management was recommended as well as need for a left S1 nerve root injection. There are no formal imaging reports for review. There is no documentation of recent injections or other forms of conservative care other than medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT S1 SELECTIVE NERVE ROOT BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs), Page(s): 46.

Decision rationale: The Chronic Pain Guidelines indicate that epidural steroid injections are recommended for radiculopathy that is confirmed by both physical examination findings and corroborated by imaging or electrodiagnostic studies. While this individual is greater than ten (10) years following a hardware removal for prior lumbar fusion, there is no current imaging available for review demonstrating a compressive process at the L5-S1 level. There is no indication of prior treatment other than medication management. The acute need of a left S1 nerve root injection given the claimant's current clinical findings would not be supported.