

Case Number:	CM13-0062704		
Date Assigned:	12/30/2013	Date of Injury:	06/19/2011
Decision Date:	04/25/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/09/2013

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 33-year-old claimant has a date of injury of 6/19/11. He has been treated for back pain and underwent surgery in 2012 for L5-S1 decompression and artificial disc placement. There have been continued complaints of numbness and tingling in the right leg. EMG that was performed demonstrated S1 radiculopathy. A selective nerve root block at L4-5 was recommended.

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 L4-L5: 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: A selective nerve root block at L4-5 would not be considered medically necessary or appropriate in this case based upon the MTUS Chronic Pain 2009 Guidelines. MTUS Chronic Pain Guidelines support epidural steroid injections to help treat radiculopathy documented by physical examination and corroborated by imaging studies and electrodiagnostic testing. In this case, no specific physical examination findings are documented which would support an L4-5 radiculopathy problem. An MRI of the lumbar spine was performed on 6/14/13

which did not demonstrate any evidence of a neurocompressive lesion at the L4-5 level. As there is no evidence of radiculopathy, a selective nerve root block at the L4-5 level cannot be certified in this case based upon the MTUS Chronic Pain Guidelines.