

Case Number:	CM14-0101589		
Date Assigned:	07/30/2014	Date of Injury:	09/22/2003
Decision Date:	10/20/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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 Occupational Medicine 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 east 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 53 year old male who was injured on 09/22/2003 while lifting heavy equipment causing low back pain. Prior treatment history has included Norco and trigger point injection to the right L5-S1 area which helped to reduce his pain. The patient had a MRI of the lumbar spine performed on 09/04/2012 which revealed grade I/II spondylolisthesis at L5-S1. Progress report dated 03/25/2014 states the patient presented with complaints of increased low back pain. On exam, he has trigger pints at the right paravertebral area at L5-S1. His range of motion was 80% of normal and elicited mild pain at L4-S1, left and right paraspinal musculature. His reflexes were not assessed. He is diagnosed with degenerative disk disease and herniated nucleus pulposus of the lumbar spine with spoindylolisthesis at L5-S1 and recommended for L4-S1 nerve root block, bilaterally. Prior utilization review dated 06/20/2014 states the request for Selective Nerve Root Block Bilateral L4-S1 is not certified as there is no documented evidence to support the request.

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 bilateral L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: According to MTUS guidelines, when considering lumbar epidural steroid injections, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case a request is made for bilateral L4-S1 selective nerve root block. However, provided records do not clearly establish radiculopathy at any of the requested levels by history, examination or diagnostics. Therefore, the request for selective nerve root block at bilateral L4-S1 is not medically necessary and appropriate.