

Case Number:	CM14-0019783		
Date Assigned:	04/28/2014	Date of Injury:	11/24/2012
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 37-year-old female who reported an injury on 11/24/12. The mechanism of injury was bending down while holding a 6 month old patient in her arm; she felt a pop in her back and experienced immediate pain and her legs became weak. The injured worker was treated with physical therapy, aquatic therapy, and a laminectomy and discectomy in November 2013. The documentation of 1/28/14 revealed that the injured worker had severe left lower extremity pain in the posterior aspect from the low back to buttock, radiating to the posterior thigh, calf, and big toe, causing significant dysfunction. The injured worker denied a progression of weakness; however, she indicated that she felt left lower extremity weakness and an occasional sensation of her left giving out, but denied falls or saddle anesthesia or bowel or bladder incontinence. The physical examination revealed a straight leg raise that was significantly positive at 50 degrees with shooting electric sensation down the posterior aspect with endorsed ongoing numbness of the left big toe. The motor deficits were 4+/5 in dorsiflexion and EHL on the left in addition to knee flex at 4+/5. The diagnoses included lumbosacral neuritis and disc displacement not otherwise specified. The treatment plan included a selective nerve root injection at L5-S1 on the left. The treatment plan additionally included continuation of Lyrica and Norco, and starting Elavil 25mg at bedtime. The request additionally was made for bilateral EMG/nerve conduction study to document potential nerve injury radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELECTIVE NERVE ROOT INJECTION AT L5-S1 ON THE LEFT: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend an epidural steroid injection when there is documentation of objective findings of radiculopathy, that are corroborated by electrodiagnostics and/or MRI studies. There should be documentation that the injured worker's pain has been unresponsive to conservative measures. The clinical documentation submitted for review indicated that the injured worker had objective findings upon physical examination. There was a lack of documentation of an MRI postsurgical. There is lack of documentation indicating the injured worker had a failure of conservative therapy. Given the above, the request for selective nerve root injection at L5-S1 on the left is not medically necessary.