

Case Number:	CM14-0113360		
Date Assigned:	09/22/2014	Date of Injury:	12/31/2004
Decision Date:	10/21/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 69 y/o male developed chronic spinal pain subsequent to an injury dated 12/13/04. He has a diagnosis of advanced lumbar spondylosis with a bilateral L5 radiculopathy. In addition he has a cervical radiculopathy, other areas of myofascial pain, and multiple medical problems. A request for repeat lumbar epidurals was made. Prior epidural injections were documented to provide sustained pain relief. The requesting physician does not explain why L4-5 epidurals plus and L4-5 selective nerve root block is being requested. It appears that the prior successful epidural injections were bilateral transforaminal injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Blocks at Right L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Epidural injections, selective nerve root blocks.

Decision rationale: MTUS Guidelines address the general issue of epidural injections, but they do not specifically address the technique of selective nerve root blocks (SNRB's). ODG

Guidelines address this issue and recommend SNRB's as a diagnostic and not a therapeutic procedure. With the authorized epidural injections (transforaminal) it is not clear why an additional SNRB was requested at the same level. This request is not consistent with Guideline recommendations and there is no exceptional circumstances to justify an exception to Guidelines. The request for the right L4-5 selective nerve root block is not medically necessary.