

Case Number:	CM14-0115031		
Date Assigned:	08/04/2014	Date of Injury:	04/28/2008
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. . 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 47-year-old female who reported an injury on 04/28/2008 due to unknown mechanism. The injured worker's diagnoses were left leg Reflex Sympathetic Dystrophy (RSD), low back pain, and bilateral knee pain. There were no diagnostics or surgical history with documentation submitted for review. Past treatment includes medications. The injured worker complained of low back pain radiating into the left leg. On physical examination dated 05/07/2014, range of motion of the lumbar spine was flexion at 30 degrees and extension at 5 degrees. The injured worker's medications were Lyrica, Norco, amitriptyline, and ibuprofen. The requested treatment plan was for lumbar spinal left selective nerve root block. The rationale for the request was not submitted with documentation. The Request for Authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Left Selective Nerve Root Block times 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for lumbar spine left selective nerve root block times 3 is not medically necessary. According to the CA MTUS guidelines, epidural steroid injections are recommended for injured workers with radiculopathy documented on physical examination and corroborated by an MRI and/or electrodiagnostic studies. The guidelines also recommend that the injured worker be initially unresponsive to conservative care. There is a lack of documentation of radiculopathy on the most recent physical exam. There is no evidence documented of neurological deficit. In addition, there was no documentation of conservative care directed to the lumbar spine. There was no mention of physical therapy or medication management. The guidelines also state that a second or third epidural injection is not recommended unless there is adequate response to the first injection. The request for lumbar spine left selective nerve root block times 3 would not allow for re-assessment of the injured worker to determine the efficacy of care. As such, the request is not medically necessary.