

Case Number:	CM14-0180343		
Date Assigned:	11/05/2014	Date of Injury:	07/22/1998
Decision Date:	12/09/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 46 year-old female who sustained an injury on 7/22/1998. The mechanism of injury is not stated. The patient has been diagnosed with low back pain, lumbosacral sprain/strain with chronic back pain, lumbar degenerative disc disease and facet arthrosis. The patient's treatments have included imaging studies and medications. The physical exam findings dated Feb 26, 2014 shows the low back exam is limited. She is able to forward flex her thighs with 30 degrees of extension to 10 degrees with right sided back pain. She has reproducible pain in the SI joint with compression on the right with a Gaenslen's maneuver. There is pain over the piriformis on the right. The motor, sensation and deep tendon reflexes are grossly intact in the lower extremities. She can ambulate on the toes and heels. The patient's medications have included, but are not limited to, Vicodin, Zanaflex, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One L4-L5 right selective nerve root block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: MTUS treatment guidelines and clinical documents were reviewed in regards to this specific request for a nerve root block. The clinical documents state that the patient has a MRI that showed no impingement and no evidence of nerve root compression. The patient does not meet the current guidelines for a nerve root block injection. Therefore, according to the clinical documentation provided and current MTUS guidelines, this request is not medically necessary.