

Case Number:	CM14-0021440		
Date Assigned:	05/07/2014	Date of Injury:	04/15/2006
Decision Date:	07/09/2014	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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 59-year-old female who sustained an injury to her low back on 04/15/06. The mechanism of injury was not documented. The records indicate that the patient is status post lumbar fusion at L4-5 dated 2010. Clinical notes dated 10/24/13 reported that because of the injured worker's increased level of symptoms and concern about cauda equina syndrome, an urgent MRI to evaluate for changes was ordered. MRI the lumbar spine dated 11/12/13 revealed grade one anterolisthesis of L4 on L5; postsurgical changes at L4-5; 3 mm broad-based protrusion above the fusion level; L3-4 with bilateral neuroforaminal narrowing; mild circumferential bulging disc at L2-3.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL SELECTIVE NERVE BLOCK AT L3-L4 UNDER FLUROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The previous request was denied on the basis that the available reports did not document discussion of current medical symptoms, except for low back pain and leg pain (side not specified). There was no documentation of subjective motor and/or sensory changes. There was no documentation of motor weakness, muscle atrophy, dermatomal sensory deficit, and/or abnormal deep tendon reflexes of the lower extremities on physical examination. The Chronic Pain Guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given the clinical documentation submitted for review, medical necessity of the request for transforaminal selective nerve block at L34 under fluoroscopy has not been established. The request is not medically necessary.