

Case Number:	CM14-0023496		
Date Assigned:	05/14/2014	Date of Injury:	08/22/2012
Decision Date:	08/05/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 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:

The Claimant is a male with an industrial date of injury of 8/22/12. Claimant's status post percutaneous epidural decompression neuroplasty of the lumbosacral nerve roots with lumbar facet blocks on 12/6/13, 11/15/13. The supplemental report on 12/4/13 demonstrates MRI from lumbar spine demonstrates report of left paracentral disc protrusion at L3/4 with moderate stenosis L4/5. It was reported that based upon MRI and EMG nerve conduction studies, findings are consistent with right leg pain verifiable radiculopathy secondary to lumbar injury. Exam note 10/31/13 demonstrates report of low back pain. Exam demonstrates normal lumbar extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL DECOMPRESSION NEUROPLASTY OF THE LUMBOSACRAL NERVE ROOTS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines epidural steroid injections are medically necessary when radiculopathy is documented which is not present on the exam note from 10/31/13. In addition there is lack of evidence in the records of failure of conservative treatment. Therefore the determination is for non-certification.

LUMBAR FACET BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Facet Blocks.

Decision rationale: According to the ODG criteria, there must be documentation of failure of conservative treatment for at least 4-6 weeks which is not documented in the records. In this patient there is lack of documentation of failure of conservative treatment to warrant lumbar facet blocks. Therefore the determination is for non-certification.

EPIDUROGRAM-MYELOGRAM WITHOUT DURAL PUNCTURE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.