

Case Number:	CM14-0027819		
Date Assigned:	06/16/2014	Date of Injury:	06/01/2013
Decision Date:	08/18/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/05/2014

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 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 injured worker is a 56-year-old female who reported an injury on 06/01/2013 due to a lifting injury. On 02/04/2014, the injured worker presented with improved leg pain, pain in the lower back when standing rated at 6/10, and muscle spasms. Upon examination, the injured worker had moderate pain to the low back, a normal neurologic exam, and a negative straight leg raise. Extension caused pain radiating to the buttock on the left and mild pain radiating to the right buttock. The range of motion values were 0 degrees of extension and 50% of normal forward flexion. The diagnoses were strain of the lumbar spine with chronic lower back, mid back, and left leg acute L5 radiculopathy. Prior therapy included medications, an ESI, and a pain management consultation. The provider recommended pain management for left lumbar 5 selective nerve root block. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT FOR LEFT LUMBAR 5 SELECTIVE NERVE ROOT BLOCK:

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
Introduction Page(s): 1.

Decision rationale: The California MTUS Guidelines state that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation proves no evidence that the current treatment requested for the injured worker has failed to result in improvement in the injured worker's pain complaints or that she requires complex pain management for control of her complaints. The injured worker has had a previous pain management consultation on 12/09/2013. Based on the submitted documentation reviewed and the medical guidelines, additional pain management would not be indicated at this time. As such, the request is not medically necessary and appropriate.