

Case Number:	CM14-0030728		
Date Assigned:	06/20/2014	Date of Injury:	07/27/2006
Decision Date:	07/18/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/11/2014

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 injured worker is a 48-year-old male was reportedly injured on July 27, 2006. The mechanism of injury occurred when the injured employee was putting in a water main in a 8 to 10 foot ditch and the walls collapsed, trapping him under two tons of dirt. The most recent progress note dated June 4, 2014, indicated that there were ongoing complaints of low back pain with radiation to right posterior thigh. Pain at its worse was noted to be 4/10. No position was comfortable. The physical examination demonstrated a male with a height of 5 feet 11 inches with a blood pressure of 110/80. Examination of the lumbar spine revealed pain on palpation of the paravertebral muscles and trigger points on the right side. There were no other clinical findings. Diagnostic imaging studies include an MRI of the lumbar spine dated January 21, 2013 revealing postsurgical changes at L5-S1, without recurrent central stenosis. There was very mild bilateral L5-S1 foraminal stenosis without root impingement. There was mild annular bulging at L2 and L3-L4. Previous treatment included 10 mg Lidoderm Patches, status post lumbar laminectomy. A request had been made for right selective nerve root blocks times three and was not certified in the pre-authorization process on February 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT S1 SELECTIVE NERVE ROOT BLOCK TIMES THREE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines allow the use of epidural steroid injections when radiculopathy is documented and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Conservative care includes exercises and nonsteroidal muscle relaxants. Based on the lack of clinical evidence of any radiculopathy or failure of conservative treatment, the request for right S1 nerve root block times three is not medically necessary.