

Case Number:	CM14-0050056		
Date Assigned:	07/07/2014	Date of Injury:	06/22/1996
Decision Date:	08/01/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 & Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 77 year old female with an injury date on 06/22/1996. According to this report, the patient complains of low back pain. The patient state she is having difficult time walking any distance, she can wall maximum of two blocks. On 01/29/2014 exam reveals limited lumbar motion, decreased sensation in the distal from mid calves down. MRI of the lumbar spine on 02/17/2014 indicates L3-L4; severe canal stenosis and mild bilateral neural foraminal narrowing, L4-L5; grade 1 anterolisthesis, severe canal stenosis and moderate bilateral neural foraminal narrowing, L5-S1; grade 1 anterolisthesis mild canal stenosis and mild bilateral neural foraminal narrowing. There were no other significant findings noted on this report. The utilization review denied the request on 03/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/29/2014 to 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SNRB (Selective Nerve Root Blocks) at L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Section: Low Back- Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding ESI's, under its chronic pain section: Page(s): 46,47.

Decision rationale: According to the 03/12/2014 report by [REDACTED] this patient presents with pain in the back and down back off both legs. The physician is requesting selective nerve root block at L3-L4, L4-L5 and L5-S1 levels. Regarding nerve root blocks or an ESI, MTUS recommends it for a diagnosis of radiculopathy. This patient clearly presents with radiculopathy with significant leg symptoms and positive MRI showing severe spinal stenosis. However the physician has asked for three level nerve root blocks and for transforaminal ESI's, MTUS does not recommend more than two level injections. Therefore, the request for SNRB (Selective Nerve Root Blocks) at L3-4, L4-5, L5-S1 is not medically necessary and appropriate.