

Case Number:	CM14-0055503		
Date Assigned:	07/09/2014	Date of Injury:	12/08/2009
Decision Date:	08/25/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/24/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 49-year-old individual was reportedly injured on December 8, 2009. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated January 23, 2014 indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5 foot 3, 144 pound individual who was normotensive. There was no atrophy noted in the bilateral lower extremities. The gait pattern was described as normal appearing. A decrease in lumbar spine range of motion was noted. Diagnostic imaging studies objectified disc desiccation, degenerative changes of the entire lumbar spine, and changes consistent with a lumbar fusion. Changes of facet arthropathy also were noted. Previous treatment included multiple medications, oral steroids, facet blocks, electrodiagnostic testing, physical therapy, lumbar fusion with discoplasty. A request had been made for selective nerve root block and was not certified in the pre-authorization process on March 25, 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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: When noting the date of injury, the mechanism of injury, the treatment rendered to date and the most current clinical examination presented for review, there was no objectification of a verifiable radiculopathy that would support the need for a selective nerve root block. The level being addressed has been surgically treated. A decompressive situation was accomplished and there was objectification presented of a nerve root compromise or verifiable radiculopathy noted in EMG. Therefore, when considering the parameters outlined in the MTUS, the medical necessity for this procedure has not been established. The request is not medically necessary.