

Case Number:	CM14-0081105		
Date Assigned:	07/18/2014	Date of Injury:	01/21/2010
Decision Date:	09/11/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 55-year-old female with a work injury dated 1/21/10. The diagnoses include right sciatica L4-5, L5-S1. Under consideration is a request for right L4-5 selective nerve root block. There is a primary treating physician report dated 5/8/14 that states that the patient returns for follow of her lower and right lower extremity pain/hip. Pain level today is 9/10. There has been no new injury. She feels that epidural/selective nerve root block was 70% successful for 6 weeks. The pain has returned in last 2 weeks. On exam, the patient's general appearance is normal. She is alert and oriented for 3, with a normal mood and affect. Right lower extremity motor is 5/5 with a normal gait. The impression is right L4-5 sciatica. The treatment plan includes activity modification to avoid aggravation of the above condition and a right L4-5 selective nerve root block. There is an operative report dated 3/6/14 that states the patient received a right L4-L5 transforaminal selective nerve root block under fluoroscopy. A 1/27/14 document states the patient has follow up for her back pain. Pain level is 8/10. There has been no new injury or change to condition. She is not doing well with right lower extremity pain. On examination, the patient's general appearance is normal. She is alert and oriented times three, with a normal mood and affect. There is normal gait. Her diagnosis is right sciatica L4-5; L5-S1. The plan includes a recommendation for right L4-5 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 selective nerve root block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 45.

Decision rationale: Right L4-5 selective nerve root block is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution) with corroborative findings of radiculopathy on imaging or electrodiagnostic testing. The documentation submitted reveals that the patient's physical exam does not have a dermatomal specific distribution of pain with corroborative findings of lumbar radiculopathy on electrodiagnostic or imaging studies therefore the request for right L4-5 selective nerve root block is not medically necessary.