

Case Number:	CM14-0081723		
Date Assigned:	07/18/2014	Date of Injury:	12/08/2009
Decision Date:	10/01/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/03/2014

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 Texas. 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:

Medical records reflect the claimant is a 48 year old female who sustained a work injury on 12-8-09. The claimant is status spot ALIF and PLIF. The claimant also has a diagnosis piriformis syndrome. Office visit dated 4-21-14 notes the claimant has increased range of motion at the lumbar spine, no spasms, increased ADL and positive SLR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Block Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar epidural steroid injection

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that in order to perform epidural steroid injections radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This is a nonspecific request without levels specified type of "nerve blocks", and without correlation of

the request with physical exam findings. Therefore, the medical necessity of this request is not established.