

Case Number:	CM14-0087725		
Date Assigned:	07/23/2014	Date of Injury:	09/18/1997
Decision Date:	09/26/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/11/2014

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 Family Medicine and is licensed to practice in Tennessee, California, Florida. 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 73 year old female whose date of injury is 09/18/1997. The mechanism of injury is not described. Lumbar MRI dated 10/10/11 revealed 2-3 mm anterior spondylolisthesis of L4 on L5 producing mild compression of the thecal sac and mild bilateral foraminal narrowing. Treatment to dates includes knee injections with no benefit, epidural steroid injections with 75% improvement for 6 months, sacroiliac joint injection on 03/24/14 with 60-70% relief, acupuncture and physical therapy. Follow-up note dated 05/21/14 indicates that the injured worker complains of pain in her right hip, low back and left leg. On physical examination straight leg rising is positive bilaterally at 70 degrees. Diagnoses are sacroiliitis, internal derangement knee, joint pain hand, and lumbosacral neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar nerve root block bilateral at L5 level: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

Decision rationale: Based on the clinical information provided, the request for outpatient lumbar nerve root block bilateral at L5 level is not recommended as medically necessary. The submitted physical examination fails to establish the presence of active lumbar radiculopathy as required by CA MTUS guidelines prior to the performance of lumbar epidural steroid injection. The submitted records do not contain any recent imaging studies and/or electrodiagnostic results as the submitted MRI is approximately 3 years old. This study does not document any significant neurocompressive pathology at the requested level. Therefore, the request for outpatient lumbar nerve root block bilateral at L5 level is not medically necessary and appropriate.