

Case Number:	CM13-0031507		
Date Assigned:	12/04/2013	Date of Injury:	04/03/1998
Decision Date:	01/12/2015	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

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 Practice, has a subspecialty in Preventative Medicine 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:

This 70 year old female claimant sustained a work injury on 4/3/98 involving the neck and back. She was diagnosed with left cervical radiculopathy and lumbar disc disease with radiculopathy. She underwent an L4-L5 fusion. A progress note on 6/3/14 indicated the claimant had 8/10 upper extremity pain. She had been on oral analgesics and muscle relaxants. Exam findings were notable for decreased range of motion of the lumbar spine and a positive straight leg raise on the left side. The physician requested a pain management consultation and a L5 selective regional nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pain management consultation for the diagnoses of cervical (neck) and lumbar (low back) radiculopathy, as an out-patient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Management Programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines injections/blocks are not recommended. Invasive techniques are of questionable merit. They may provide short-term

improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The request therefore for a pain management consultation for a selective nerve root block is not medically necessary.