

Case Number:	CM14-0160182		
Date Assigned:	10/03/2014	Date of Injury:	01/12/2012
Decision Date:	01/14/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

The injured worker has a date of injury of 1/12/12. She is noted to have chronic low back pain radiating to the left leg. In the medical records available for review, Electromyography (EMG) has shown evidence of chronic left L5 and S1 radiculopathies. Clinical findings included absent S1 reflexes bilaterally, antalgic gait and spinal pain with extension and rotation. She is noted to receive relief from epidural steroid injections in the past. The request was subsequently made for bilateral S1 nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar nerve root block at S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar injections.

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

Decision rationale: The injured worker presents with chronic lumbosacral radiculopathy diagnosed by EMG. There are no MRI findings available for review. The examination findings are suggestive of bilateral S1 nerve root involvement. The MTUS Chronic Pain Medical Treatment Guidelines criteria for epidural steroid injections indicate that radiculopathy must be

documented by corroborating physical exam findings and imaging and/or electrodiagnostic testing. The records provided only demonstrate findings for left L5-S1 radiculopathies. The request for bilateral nerve root block at S1 does not corroborate with the diagnostic EMG results. Therefore, this request is not medically necessary.