

Case Number:	CM14-0185649		
Date Assigned:	11/13/2014	Date of Injury:	06/03/2000
Decision Date:	01/02/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/07/2014

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 Pain 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:

The injured worker is a 68-year-old female with an original date of injury of June 3, 2000. The industrial diagnoses include lumbar radiculopathy, chronic low back pain, and chronic pain syndrome. Conservative treatments to date have included activity modification, physical therapy, massage, heat therapy, and pain medication. According to a recent examination on October 7, 2014, subjectively the worker notes continued low back pain with radiation into the right leg. There is associated numbness and tingling. Straight leg raise is noted to be positive bilaterally, and this is evidence of a neural tension maneuver. The disputed request is for a right selective nerve injection, which is a form of an epidural steroid injection in which specific nerves are targeted. This selective nerve root injection was denied in a utilization review from October 2014. The rationale for the denial was that there was no imaging of the lumbar spine provided, and criteria for epidural steroid injections require that imaging corroborates the physical exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right selective nerve injection L4-5, L5-S1: 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 9792.20-9792.26, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Within the documentation available for review, there are recent subjective complaints and objective examination findings supporting a diagnosis of radiculopathy in a note from October 2014. There is documentation of failed back surgery syndrome. However, there are no imaging or electrodiagnostic study reports corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested lumbar epidural steroid injection/selective root injection is not medically necessary.