

Case Number:	CM14-0204496		
Date Assigned:	12/17/2014	Date of Injury:	02/05/1987
Decision Date:	02/06/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine and is licensed to practice in Arizona. 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 male who sustained injury to his low back 2/5/1987. The mechanism of injury was not described in the medical records available to me. He is being treated for chronic low back pain. His diagnosis includes chronic bulging herniated discs at L4, L5, and S1 with left lumbar radiculopathy and L5 nerve root compression. The injured workers office visit dated 10/9/14 reports that he continues to have pain at 4/10. He reports being hospitalized for 2 weeks from 9/3/14 and during that time he was not able to perform his home exercise program and now his left leg symptoms have increased. He is taking flexeril and tramadol which brings his pain from a 10/10 to a 3/10 and also enable him to perform his activities of daily living with less pain. His physical exam was positive for tenderness to palpation along the thoracolumbar border, decreased range of motion in all planes positive Faber test, decreased sensation left L5-S1, normal DTR's bilaterally. MRI dated 8/25/14 reveled L5-S1 mild to moderate canal stenosis, L5-S1 severe bilateral neuroforaminal narrowing. EMG dated 8/25/2014 revealed right S1 radiculopathy and left L5-S1 radiculopathy. Treatment plan included a left S1 selective nerve root block and a left TFESI L5-S1. He is to continue with his home exercise program to rebuild his strength. The request is for left S1 selective nerve root injection which was denied in the UR dated 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 selective nerve root injection: Overturned

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 Injections (ESIs). Page(s): 46.

Decision rationale: Per MTUS epidural steroid injections are recommended as an option for treatment of radicular pain to reduce pain and inflammation, restoring range of motion and facilitating progress in more active treatment programs, the injured workers radiculopathy has been documented by physical exam and is corroborated by both MRI and EMG, he is currently on conservative treatment which includes medications and a home exercise program which he will be continuing, unfortunately he had a setback due to a hospital admission with a 30 pound weight loss and some deconditioning and is having exacerbation of his left leg symptoms, therefore a left S1 selective nerve root injection is medically necessary given his clinical presentation and the guideline recommendations.