

Case Number:	CM14-0208486		
Date Assigned:	12/22/2014	Date of Injury:	02/22/2014
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, Hospice and Palliative Care 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 is a 56 y/o Male who had industrial injury on 2/22/14 related to a lifting. He had obtained MRI scans, physical therapy, and medications. Examination on 8/19/13 demonstrated a positive straight leg raise on the right and decreased reflexes on the right when compared to the left. An MRI done on 8/13/14 that showed an L4/5 disc bulge compressing the proximal portion of the L5 nerve. On 11/3/14 evaluation noted diffuse weakness and patchy sensory changes on the right leg. On 11/26/14 a non certification recommendation was made for a request of Right L4/5 Selective nerve root block. The rationale for the denial was due to no documentation of objective physical exam findings of radiculopathy corroborated with imaging studies and/or electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block, right L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for Selective Nerve Root Epidural to Lumbar Spine 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. Within the medical information made available for review, there are symptoms or findings consistent with radiculopathy which is corroborated with imaging studies. As such, the requested Selective Nerve Root Block to Lumbar Spine at L4/5 is medically necessary.