

Case Number:	CM14-0023004		
Date Assigned:	05/14/2014	Date of Injury:	08/03/1992
Decision Date:	04/08/2015	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old male, who sustained an industrial injury on 8/3/1992. The diagnoses have included knee pain, lumbar degenerative disc disease, lumbosacral neuritis and spinal stenosis of the lumbar region with neurogenic claudication. Treatment to date has included medication. The electrodiagnostic exam from December 2013 demonstrated chronic neuropathic changes bilaterally consistent with a peripheral neuropathy of demyelinating and axonal nature and chronic L4, L5 and S1 radiculopathies. According to the progress noted dated 1/9/2014, the injured worker had a recent caudal epidural that gave him temporary relief for two weeks. His current sciatic pain was the same as before the injection. He also complained of left knee pain. Review of systems revealed complaints of joint swelling, joint pain, muscle cramps, stiffness, back pain and arthritis. Physical exam revealed the left knee warm and tender to palpation with a mild effusion. Authorization was requested for a left L4 selective nerve root block. On 1/21/2014, Utilization Review (UR) non-certified a request for Selective Nerve Root Block at the Left L4 Times One. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELECTIVE NERVE ROOT BLOCK AT THE LEFT L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.