

Case Number:	CM15-0005101		
Date Assigned:	01/16/2015	Date of Injury:	03/02/1991
Decision Date:	03/16/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/09/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 was 69 year old male, who sustained an industrial injury, on March 2, 1991. The injured worker's chief complaint was constant stabbing and throbbing pain in the lower back with radiation to the left lower extremity. The injured worker was diagnosed with spinal stenosis in the cervical region, lumbar sprain/strain, opioid dependence, displacement intervertebral disc and spinal stenosis in the lumbar region. The injured worker has been treated with epidural injects, Norco, Floricet, cold therapy, heat therapy, Coumadin therapy, cervical epidural injections, physical therapy and Zanaflex. On November 19, 2014, the treating physician requested selective nerve block at left L4-L5, for stabbing and throbbing pain in the lower back. On December 8, 2014, the UR denied authorization for selective nerve block at left L4-L5. The denial was based on the MTUS Chronic Pain Medical Treatment Guidelines and the ACOEM guidelines for Low Back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve root block at left L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, the patient underwent a prior epidural steroid injection on October 20, 2014 with a reported 50% pain relief, but there was no documentation on the duration of the relief nor any evidence of significant functional benefit or reduction in medication use. Furthermore, there is no clinical and objective documentation of radiculopathy. There is no electrodiagnostic documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for L5-S1 SELECTIVE NERVE ROOT BLOCK is not medically necessary.