

Case Number:	CM15-0005689		
Date Assigned:	01/14/2015	Date of Injury:	07/27/2012
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 31 year old male who sustained an industrial injury on 07/27/2012. The injured worker continues to complain of pain in his left shoulder which is mild since the left shoulder arthroscopy, and pain in his low back. Diagnoses include left shoulder impingement syndrome status post left shoulder arthroscopy, and spondylolisthesis of the lumbosacral spine at L5-S1, rule out bilateral L4-S1 radiculopathy right worse than left. Treatment has included medications, Transcutaneous Electrical Nerve Stimulation Unit, physical therapy and a home exercise program. A physician progress note on 12/04/2014 documented the injured worker has pain to palpation from L3 through S1, left and right paraspinal musculature right worse than left. He has decreased range of motion in the lower back. The treating provider is requesting bilateral L4-S1 Selective Nerve Root Block. On 12/22/2014 Utilization Review non-certified the request for bilateral L4-S1 Selective Nerve Root Block, is citing California Medical Treatment Utilization Schedule (MTUS)-Epidural Steroid Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Selective Nerve Root Block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation low back, epidural injections

Decision rationale: The medical records provided for review indicate low back pain but do not document any physical signs of radiculopathy or demonstrate corroboration by EMG and/or neuroimaging studies. ODG guidelines support epidural in case where physical exam findings consistent with radiculopathy and there is corroboration by EMG and/or imaging. As the medical records provided for review do not support such findings, epidural (selective nerve root block is not supported.)