MAXIMUS Federal Services

Case Number:	CM15-0005890		
Date Assigned:	01/26/2015	Date of Injury:	01/12/2002
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
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: California
Certification(s)/Specialty: Emergency 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:

This 50 year old female sustained a work related injury on 01/12/2002. According to a progress report dated 10/07/2014, the injured worker complained of continued constant slight to intermittent moderate and occasional severe neck pain, bilateral shoulder pain an low back pain. She also reported right and left knee pain. Diagnoses included (right) bursitis shoulder, (right) impingement syndrome, (right) other repair of shoulder, disc herniation lumbar spine, disc degeneration, sciatica due to displacement, status post lumbar fusion anterior, disc bulge/herniation, (left) bursitis impingement shoulder and (left) status post arthroscopy shoulder. According to the provider, the injured worker had pain and hypersensitivity in the L5-S1 nerve root distribution. The most recent lumbar spine MRI showed neuroforaminal encroachment at the L5-S1 level. The most recent Electromyography study of the lower extremities showed L5-S1 radiculopathy. The report was not submitted for review. Imaging reports were also not submitted for review.On 12/17/2014, Utilization Review non-certified 1 selective nerve root block injection at left L5. According to the Utilization Review physician, documentation revealed that the injured worker did not undergo conservative treatment, including supervised physical therapy. There was no documentation of corroboration of radiculopathy such as nerve root compression or electrodiagnostic study evidence of radiculopathy. Guidelines cited for this review included CA MTUS ACOEM Chapter 12 Low Back Complaints page 300. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Selective Nerve Root Block Injection at Left L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309,Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: The requested Selective Nerve Root Block Injection at Left L5 , is not medically necessary.California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has slight to intermittent moderate and occasional severe neck pain, bilateral shoulder pain an low back pain. She also reported right and left knee pain. The treating physician has documented that the injured worker had pain and hypersensitivity in the L5-S1 nerve root distribution. The most recent lumbar spine MRI showed neuroforaminal ncroachment at the L5-S1 level. The most recent Electromyography study of the lower extremities showed L5-S1 radiculopathy. The treating physician has not documented positive straight leg raising tests, deficits in muscle strength or reflexes, nor adequeate failed conservative therapy treatments. The criteria noted above not having been met Selective Nerve Root Block Injection at Left L5 is not medically necessary.