

Case Number:	CM15-0008613		
Date Assigned:	01/26/2015	Date of Injury:	02/27/1998
Decision Date:	03/26/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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, Arizona
 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 48-year-old male who reported an injury on 02/27/1998. The diagnoses included postlaminectomy syndrome lumbar region, thoracic or lumbosacral neuritis or radiculitis, and unspecified lumbago. Additional diagnoses included lumbar degenerative disc disease, lumbar facet arthropathy, myofascial pain syndrome, failed back surgery syndrome status post L4-5 PLIF. The documentation of 12 09/2014 revealed the injured worker was in for a followup visit complaining of low back pain with radiation to the bilateral lower extremities. The injured worker had a history of increased pain to the right leg. The pain was improved following the selective nerve root block. However, the injured worker was continuing to have pain in the posterolateral thigh on the left lower extremity with bulging to the low back. The injured worker had difficulty sleeping. The physical examination revealed the injured worker had positive tenderness overlying the lumbar paraspinal muscles and a positive straight leg raise. The muscle strength was 5/5 and symmetrical in the lower extremities. The injured worker had a decreased range of motion. The medications were noted to include Lyrica 25 mg 3 times a day, Ambien 12.5 CR at bedtime, and Lidoderm patches every 12 hours. The treatment plan included an L4, L5, and S1 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 And L5 (Lower Back) Selective Nerve Root Block X1, As An Outpatient: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that a repeat epidural steroid injection is appropriate when there is documentation of objective functional improvement, a decrease in pain by at least 50%, and an objective decrease in medications for the duration of 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had previously undergone a selective nerve root block. There was, however, a lack of documentation of objective pain relief, and objective functional improvement, as well as an objective decrease in pain medications for 6 - 8 weeks. The level and laterality of the prior injection, as well as the date, were not provided. Given the above, the request for 1 left L4 and L5 (lower back) selective nerve root block x1, as an outpatient is not medically necessary.