

Case Number:	CM15-0101401		
Date Assigned:	06/03/2015	Date of Injury:	12/17/2014
Decision Date:	07/02/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/27/2015

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: Physical Medicine & Rehabilitation, 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 68-year-old female with an industrial injury dated 12/17/2014. The mechanism of injury is documented as a fall fracturing her left wrist and injuring her low back. Her diagnoses included lumbar 4-5 spondylolisthesis grade 1 and lumbar 5-sacral 1 degenerative disk disease and collapse. Prior treatment included physical therapy, diagnostics, and acupuncture. She was also treated with casting for her left wrist. Co morbid diagnoses included high blood pressure and mild heart attack. She presents on 04/22/2015 with complaints of pain across her low back with referred intermittent hip pain. She denies any numbness or tingling in the lower extremities. Physical exam showed a non-antalgic, non-spastic gait pattern. Posture is straight and upright. She describes referred pain in her right hip, which was worse with extension and lateral bend. There were no major motor or sensory deficits distally in her lower extremities. MRI dated 03/03/2015 showed multi-level degenerative disc disease. Treatment plan was for a nerve block on the right at the lumbar 4-5 nerve roots. The request is for right lumbar 4-5 nerve block with sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 nerve block with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for a nerve block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no current clinical and imaging/electrodiagnostic study findings corroborating radiculopathy. In the absence of such documentation, the currently requested nerve block is not medically necessary.