

Case Number:	CM15-0107349		
Date Assigned:	06/11/2015	Date of Injury:	11/13/1987
Decision Date:	11/25/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/03/2015

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

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 male, who sustained an industrial injury on 11-13-1987. The injured worker is undergoing treatment for: lumbar stenosis. On 2-13-15, and 3-16-15, he reported low back pain with radiation to the bilateral lower extremities. He indicated he has difficulty walking any distance and his legs had a rubbery feeling. Physical examination revealed he was able to do heel and toe walking, bilateral hip joint replacement noted, no reflexes noted and numbness in the stocking distribution. On 5-7-15, he is noted to have returned without having had electrodiagnostic studies completed. There are no subjective or objective findings documented for this date of service. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine (4-17-15) reported to show significant spinal stenosis at L3-4 and L4-5, and home exercises. Medications have included: Tylenol number 3. Current work status: unclear. The request for authorization is for: one selective nerve block left L3-L4 and L4-L5 as an outpatient. The UR dated 5-19-2015: non-certified the request for one selective nerve block left L3-L4 and L4-L5 as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

One selective nerve block left L3-L4 & L4-L5, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular findings, myotomal / dermatomal neurological deficits or remarkable correlating diagnostics to support the nerve blocks. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The One selective nerve block left L3-L4 & L4-L5, as an outpatient is not medically necessary and appropriate.