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| Case Number: | CM15-0135343 | | |
| Date Assigned: | 07/23/2015 | Date of Injury: | 02/22/1997 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 07/13/2015 |

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 59-year-old female who sustained an industrial injury on 2/22/1997 resulting in low back pain. She is diagnosed with lumbar post-laminectomy syndrome, lumbar radiculopathy, and spinal stenosis. Treatment has included lumbar discectomy; right laminectomy of the lumbar region L4-5, and L5-S1; excision of recurrent herniated nucleus pulposus; osteotomy; fusion at L5-S1; physical therapy; and medication. The injured worker continues to complain of low back pain and weakness. The treating physician's plan of care includes a selective nerve root block injection on right L5 under fluoroscopic guidance. Work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block injection right L5 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The patient is a 59 year old female with an injury on 02/22/1997. She has chronic low back pain. She had a L4-L5, L5-S1 discectomy and right laminectomy. The request is for a nerve block right L5. Whether the nerve block contains an anesthetic or an anesthetic combined with a steroid (epidural steroid injection), there is no documentation that the requested nerve block would improve the long-term functional outcome of the patient's condition. The injury was in 1997 and the surgery is not recent either. The nerve block is not being done to mobilize a patient with an acute injury so that physical therapy may be started. MTUS guidelines note that the requested nerve block would not improve the long-term health outcome of the patient's condition; the nerve block is not medically necessary. Maintenance nerve block is not consistent with MTUS guidelines.