MAXIMUS Federal Services

Case Number:	CM15-0140714		
Date Assigned:	07/30/2015	Date of Injury:	12/07/2011
Decision Date:	08/27/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/21/2015

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 45-year-old female, who sustained an industrial injury on 12-07-2011. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, cervical radiculopathy, and displacement of cervical intervertebral disc without myelopathy. Treatment to date has included diagnostics, cervical epidural steroid injection, physical therapy, and medications. Currently, the injured worker complains of neck pain, right hip pain, and low back pain. Pain was currently rated 9 out of 10 and 10 out of 10 at worst. Medications included Norco, Flexeril, and Ibuprofen. She was not working. Physical examination of the lumbar spine was not documented. The treatment plan included bilateral L5 selective nerve root block, under fluoroscopy and with intravenous sedation. The Qualified Medical Evaluation (6-01-2015) noted that she had undergone a lumbar epidural steroid injection, which failed to provide much relief in her back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSNRB fluoroscopy IV sedation (Bilateral L5 Selective Nerve Root Block): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injections, page 46.

Decision rationale: The Qualified Medical Evaluation (6-01-2015) noted that she had undergone a lumbar epidural steroid injection, which failed to provide much relief in her back pain. California MTUS Chronic Pain Medical Treatment Guidelines recommend SNRB/ESI 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 Electro diagnostic testing. No substantial evidence for radiculopathy has been demonstrated in the records provided as there are no recent reported diagnostic studies indicating canal or neural foraminal compromise for radiculitis. There is no report of acute injury, flare-up with red-flag conditions, or failed conservative care reported. The LSNRB fluoroscopy IV sedation (Bilateral L5 Selective Nerve Root Block) is not medically necessary and appropriate.