

Case Number:	CM15-0163971		
Date Assigned:	09/01/2015	Date of Injury:	12/10/2008
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60-year-old male who sustained an industrial injury on December 10, 2008 resulting in low back pain. Diagnoses have included lumbar spondylosis, low back pain, and left leg numbness, and he is status post L5-S1 posterior decompression and fusion May 12, 2015. Documented treatment includes surgery and medication, but the injured worker continues to present with low back pain including left leg numbness. The treating physician's plan of care includes a right L4-5 selective nerve root block. Current 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:

Right L4-5 Selective Nerve Root Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 07/17/15) Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections, diagnostic.

Decision rationale: The injured worker sustained a work related injury on December 10, 2008. The medical records provided indicate the diagnosis of lumbar spondylosis, low back pain, and left leg numbness, and he is status post L5-S1 posterior decompression and fusion May 12, 2015. Treatments have included surgery. The medical records provided for review do not indicate a medical necessity for Right L4-5 Selective Nerve Root Block. According to the Official Disability Guidelines selective nerve root blocks is another name for Diagnostic epidural steroid transforaminal injections. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The medical records reviewed indicate the injured worker is receiving chiropractic care and medications after the spinal fusion. The injured worker was reported to be experiencing numbness in the lower extremities. However, there was no lumbar examination in the records reviewed. There was no focused examination for radiculopathy; besides, the CT report does not indicate the presence of radiculopathy; neither was there a nerve study report indicating findings of radiculopathy.