

Case Number:	CM15-0184838		
Date Assigned:	09/24/2015	Date of Injury:	09/24/2014
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/21/2015

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, Hawaii
 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 44 year old female, who sustained an industrial-work injury on 9-24-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar disc disease, and lumbar strain and sprain. Medical records dated (4-3-15 to 9-9-15) indicate that the injured worker complains of persistent low back pain that radiates to the right gluteus and right leg. She reports sensation in the right foot that "feels like it is going to sleep." The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 9-9-15 the work status is modified with restrictions. The physical exam dated 9-9-15 the physician indicates that the injured worker is in mild discomfort. The lumbar exam reveals that she is able to forward flex only approximately 30 degrees. The extension is approximately 20 degrees. The sitting straight leg raise test is positive on the right. Treatment to date has included pain medication , diagnostics, epidural steroid injection (ESI) 6-18-15 with no improvement and slight worsening, acupuncture at least 6 sessions, physical therapy with fair relief, home exercise program (HEP), trigger point mobilizer, and other modalities. The medical records dated 7-7-15 the physician indicate that the Magnetic resonance imaging (MRI) of the lumbar spine reveals degenerative changes at L4-L5 and L5-S1 with potential impingement on the L5-S1 neural foramen. The request for authorization date was 9-11-15 and requested service included Right L5-S1 selective nerve root block. The original Utilization review dated 9-16-15 non-certified as per the guidelines the documentation did not support significant findings consistent with radiculopathy in the L5-S1 distribution. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 selective nerve root block: 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: The patient presents with low back pain radiating down the right leg. The current request is for Right L5-S1 Selective Nerve Root Block. The treating physician's report dated 08/28/2015 (19B) states, "Pain involves her low back and radiates down the right leg. She has had a multiple of conservative treatment without any improvement. She has been seen by [REDACTED] and was given lumbar epidural injection without any relief." The physician further notes, "I recommend the patient be given a selective nerve root block on the right side at the L5 S1 level using a far lateral approach. This will be both diagnostic and therapeutic. If this provides even temporary help, then we can consider for a surgical decompression using a minimally invasive approach." Medical records show that the patient received a Right L5 ESI on 06/18/2015 (40B) which did not provide any relief. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. MRI reports were not provided for review. In this case, while the patient does present with radicular symptoms, the patient's last ESI did not result in at least 50% pain relief with documentation of medication reduction for 6 to 8 weeks. The patient does not meet the required criteria based on the MTUS guidelines for repeat blocks. The current request is not medically necessary.