

Case Number:	CM15-0191574		
Date Assigned:	10/05/2015	Date of Injury:	05/14/1998
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial-work injury on 5-14-98. She reported initial complaints of low back pain. The injured worker was diagnosed as having disorders of sacrum, acquired spondylolisthesis, and pain in joint- pelvis and thigh. Treatment to date has included medication, surgery, injection, and diagnostics. X-rays were reported on 4-17-15 note post-surgical changes with pedicle screws at L5-S1 and interbody devices at L5-S1 and solid lateral fusion at L4-5. Currently, the injured worker complains of low back and lower extremity pain. Medications include Flexeril 10 mg, Norco 10 mg, and Lyrica 75 mg. Per the primary physician's progress report (PR-2) on 7-20-15, exam noted tenderness to palpation over the lumbosacral junction and over the pedicle screws, lumbar range of motion is reduced in flexion, extension, and lateral bending, diminished strength rated at 4 out of 5, tenderness to the sacroiliac joint, and normal sensory testing. The Request for Authorization requested service to include Left Lumbar L5-S1 Nerve Root Block. The Utilization Review on 8-31-15 denied the request for Left Lumbar L5-S1 Nerve Root Block, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar L5-S1 Nerve Root Block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

Decision rationale: According to the guidelines, blocks are recommended for those with facet tenderness and with radicular findings who have failed conservative therapy. In this case, the claimant does have tenderness over the pedicle screws. In addition, the claimant does not have neurological abnormalities on exam. However, blocks are not recommended for those who have undergone prior fusions. As a result, the request for an L5-S1 block is not appropriate.