

Case Number:	CM15-0198109		
Date Assigned:	10/16/2015	Date of Injury:	11/30/1995
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/08/2015

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 62-year-old female who sustained an industrial injury on 11-30-1995. Diagnoses have included chronic pain syndrome, degenerative lumbar and lumbosacral disc, displaced lumbar intervertebral disc, spinal stenosis, thoracic lumbar neuritis or radiculitis, osteoarthritis of the knee, and pain in lower leg joint. The last MRI provided relating to these diagnoses is dated 7-24-2014 which was stated to be consistent with previous study with no significant changes. Documented treatment includes spinal cord stimulator, medication, use of a walker or cane when walking, and bilateral lumbar selective nerve root block injections "last year" with "significant relief. On 9-8-2015 the injured worker presented with pain in her low back, hips, thighs, knees, calves, and feet described as tingling, electric shock, stabbing and pins and needles. Pain was rated at 9 out of 10 on the visual analog scale. Objective examination noted a slow, antalgic gait, paraspinal lumbar tenderness, positive straight leg raising bilaterally, and limited lumbar flexion and extension. The treating physician's plan of care includes request for repeat bilateral lumbar selective nerve root block injections to "decrease her pain level, improve function to allow the patient to perform independent activities of daily living, and improve her quality of life." This was denied on 9-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral selective nerve root block L4-S1 with fluoroscopy x3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, ESIs are indicated for those with radiculopathy on exam and imaging. In this case the claimant's prior MRI does show neuroforaminal stenosis but no mention of cord impingement or encroachment. The claimant had a negative straight leg raise test the months prior but positive in September 2015. There were no other neuromuscular portions performed or abnormality noted. The radiculopathy is equivocal. In addition, no more than 2 ESIs are recommended at a time. The request for 3 exceeds the guidelines amount. The ESI is not medically necessary.