

Case Number:	CM15-0200967		
Date Assigned:	10/16/2015	Date of Injury:	03/13/2013
Decision Date:	11/24/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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 59 year old male who sustained an industrial injury on 03-13-2013. Medical records indicate the worker was treated for back and knee pain. In provider notes of 08-26-2015, the injured worker complains of ongoing pain in the back with radiation down the right lower extremity. On examination he has focal tenderness at L4, L5, S1 as well as the superior iliac on the right sided. There is right sided sacroiliac tenderness. He is situation post arthroscopy, medial meniscectomy and chondroplasty and resection of loose fragment in the right knee on 08-20-2015. Current medications include Norco and cyclobenzaprine. In the 08-26-2015 provider note, he is diagnosed as having a 6mm right-sided paracentral protrusion resulting in severe right-handed lateral recess stenosis L5-S1, and moderate central canal stenosis at L3-L4, L4-L5, and L5-S1. The treatment plan includes a nerve block at the right L5-S1 level. A request for authorization was submitted for a Nerve block at the right L5-S1 level. A utilization review decision 10-07-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve block at the right L5-S1 level: Overturned

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, an epidural is indicated for those with radiculopathy on exam and imaging. In this case, the claimant had radiculopathy in the L5-S1 distribution and imaging that showed nerve root impingement. The claimant had persistent pain despite conservative measures. The request for the ESI is medically necessary.