

Case Number:	CM15-0041931		
Date Assigned:	03/12/2015	Date of Injury:	10/14/2013
Decision Date:	04/15/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male, who sustained an industrial injury on 10/14/13. He reported back injury. The injured worker was diagnosed as having chronic low back pain, failed back syndrome, herniated disc, lumbar radiculopathy and sciatica. Treatment to date has included epidural injections, physical therapy, and lumbar discectomy, oral medications including muscle relaxants, narcotics and anti-anxiety medications and activity restrictions. Currently, the injured worker complains of ongoing back and bilateral leg pain with burning, numbness and tingling. Physical exam revealed mildly positive straight leg raise with numbness and tingling. The current treatment plan included continuation of oral medications and nerve root block due to ongoing back pain, radicular symptoms and failed back syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block, right L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs); Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Selective nerve root block, right L3-S1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS also states that no more than two nerve root levels should be injected using transforaminal blocks. The documentation does not indicate physical exam findings in a clear dermatomal pattern. Furthermore the guidelines recommend no more than 2 nerve root injections using transforaminal blocks and the request exceeds this number. The request for selective nerve root block, right L3-S1 is not medically necessary.