

Case Number:	CM15-0043053		
Date Assigned:	03/13/2015	Date of Injury:	05/30/2014
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/06/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 55-year-old female who sustained an industrial injury on 05/30/14. Initial diagnoses and complaints are not available. Treatments to date include medications, bracing, physical therapy, chiropractic care, and acupuncture. Diagnostic studies include MRI of the left shoulder and low back. Current complaints include low back and left shoulder pain. In a progress note dated 01/17/15 the treating provider reports the plan of care as shoulder surgery which has already been authorized, and consultation with a pain management specialist for nerve root blockade on the right at L3-4 and L4-5. The requested treatment is consultation with a pain management specialist for nerve root blockade on the right at L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation with nerve root blockage right L3-L4 and L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and AMA guides, pages 382 - 383.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 292, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MRI scan of the lumbar spine is reported to show mild bilateral neural foraminal narrowing at L3-4 and mild right neural foraminal narrowing at L4-5. No definite nerve root impingement is identified. California MTUS chronic pain guidelines indicate criteria for the use of epidural steroid injections. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, determining whether or not there is lumbosacral nerve root compromise and if so, the level of compromise is critical. The available documentation indicating subjective complaints of low back pain and right lower extremity pain does not document the distribution of the pain and numbness and objective physical findings demonstrating specific dermatomal and myotomal distribution corroborating with MRI findings. The documentation from January 17, 2015 indicates lumbosacral junction tenderness with right sacroiliac joint and sciatic notch tenderness with lumbar extension to 11 and flexion 38. Neurologic testing revealed decreased sensation on the right at L5-S1. There was positive Lasegue and straight leg raise findings. The documentation does not include sensory or motor or deep tendon reflex findings supporting the request for right L3-4 and L4-5 blockade. The MRI scan showed mild foraminal stenosis and no definite nerve root impingement. The MRI report does not document nerve root impingement on the right at L5-S1 that was noted on physical examination. The MRI report dated October 15, 2014 revealed ?mild to moderate lumbar spondylosis without significantly compromising the central canal, resulting in multilevel neural foraminal narrowing at L2-3 through L4-5 and left lateral recess narrowing at L5-S1?. In the body of the report the foraminal narrowing is reported to be mild bilateral at L3-4 and mild right at L4-5. Neither the physical examination nor the MRI report supports the diagnosis of radiculopathy on the right at L3-4 and L4-5 levels. Electrodiagnostic testing has not been submitted. As such, the request for a pain management consult with nerve root block at L3-4 and L4-5 on the right is not supported by guidelines and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.