

Case Number:	CM15-0045801		
Date Assigned:	03/18/2015	Date of Injury:	07/31/2014
Decision Date:	04/23/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 35-year-old male who sustained an industrial injury on 07/31/2014. Current diagnosis includes spinal stenosis lumbar. Previous treatments included medication management, physical therapy, and work restrictions. Diagnostic studies included MRI of the lumbar spine dated 10/14/2014 that showed mild facet degeneration and grade 1 spondylolisthesis at L5 on S1 but no foraminal or central canal stenosis. Report dated 02/19/2015 noted that the injured worker presented with complaints that included continued pain into right leg. Pain level was not included. Physical examination was not included for this date of service. The treatment plan included selective nerve block right L5 and physical therapy. Report dated 01/29/2015 notes that the injured worker presented with moderate pain in his back with radiating pain down his right leg to the foot and ankle. There was no documentation of physical examination on the 1/29/2015 and 2/19/2015 clinical notes. Recommendation was for a selective nerve block around the right L5 nerve root. The request for PT was approved. A Utilization Review determination was rendered recommending non-certification for right L5 selective nerve root block under fluoroscopy up to 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 lumbar selective nerve root block under fluoroscopy up to 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatment with medications and PT have failed. The records did not show subjective or objective findings consistent with a diagnosis of lumbar radiculopathy. The radiology report did not show findings consistent with lumbar radiculopathy. There is a recent approval for PT that is yet to be completed. The patient have not completed or failed conservative treatments. The criteria for right L5 selective nerve root block under fluoroscopy up to 3 was not met. The request is not medically necessary.