MAXIMUS Federal Services

Case Number:	CM15-0046049		
Date Assigned:	03/18/2015	Date of Injury:	08/24/1988
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/11/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old female, who sustained an industrial injury on 8/24/1988. She reported injury when lifting a bag of pet food. The injured worker was diagnosed as having lumbago and lumbosacral spondylosis. Treatment to date has included physical therapy, radiofrequency ablation of medial branch nerves and medication management. Currently, a progress note from the treating provider dated 1/21/2015 indicates the injured worker reported low back pain with referral to the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 Selective Nerve Root Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents back pain. The physician is requesting RIGHT L5 SELECT A NERVE ROOT BLOCK. The RFA was not made available. The patient's date of

injury is from 08/24/1988 and her current work status was not made available. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The MRI of the lumbar spine from 12/28/2012 showed: Severe bilateral L4-L5 facet arthropathy with reactive marrow edema and enhancement. There is associate grade I degenerative anterolisthesis of L4 on L5. This is unchanged in degree. There are no fluid collections or findings to suggest infection. There is lateral recess narrowing at L4-L5 level bilaterally related to degenerative listhesis and facet arthropathy as well as ligamentum flavum thickening. There is multilevel neural foraminal narrowing. It is most pronounced and mild to moderate on the right side at L5-S1 level. The records show that the patient received an RF ablation in 2013 which gave 80% benefit for a year. She has also received benefit from lumbar epidural steroid injections in the past. The 01/21/2015 progress report shows tenderness in the lumbar spine. Range of motion is painful. Strength in the lower extremities is within normal limits. Neurological examination is normal. In this case, the MTUS Guidelines require at least 50% pain relief for 6-8 weeks for repeat injections. The request IS NOT medically necessary.