

Case Number:	CM15-0054071		
Date Assigned:	03/27/2015	Date of Injury:	05/20/2011
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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: Internal Medicine, Rheumatology

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 May 20, 2011. The mechanism of injury is unknown. The injured worker was diagnosed as having spondylolisthesis at L5-S1, chronic low back pain, herniated disc, lumbar radiculopathy and sciatica. Treatment to date has included diagnostic studies and medications. On February 9, 2015, the injured worker complained of ongoing back pain. Physical examination of the lumbosacral spine revealed tenderness and spasm. There was increased pain with extension and rotation. The range of motion was limited, about 50% of normal, in all directions. There was positive straight leg raise on the right and minimally on the left. There was numbness and tingling in the L5-S1 distribution bilaterally. The treatment plan included a CT scan, selective nerve root block at the L5-S1 level with facet blocks at the L4-5 and L5-S1 levels bilaterally, neoprene back brace, medications, full duty work without restrictions and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Low Back Chapter, Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: This 55 year old female has complained of low back pain since date of injury 5/20/11. She has been treated with physical therapy and medications. The current request is for selective nerve root block L5-S1. Per the ACOEM guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, selective nerve root block L5-S1 is not medically necessary.