

Case Number:	CM15-0080182		
Date Assigned:	05/01/2015	Date of Injury:	10/08/1993
Decision Date:	06/03/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/27/2015

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 71 year old female, who sustained an industrial injury on 10/08/1993. She reported a trip and fall down the stairs. The injured worker was diagnosed as having post-laminectomy syndrome, lumbar. Treatment to date has included diagnostics, spinal surgeries, medications and functioning intrathecal pain pump. Currently, the injured worker complains of chronic neck and back pain, neck pain recently worsening. Pain was rated 6-7/10, reporting 50-60% pain relief with current medication regime. The positive straight leg raising test was mildly positive on the left but negative on the right. There was decreased sensation over bilateral L5 dermatomes. Current medications included Lyrica and Nucynta. She reported relief from the cervical epidural steroid injection in 9/2014. The treatment plan included left L4 and L5 selective nerve root block to address left lower extremity pain, due to difficulty walking, increased pain, and muscle atrophy in the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve block with fluoroscopy, left L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the use of Epidural steroid injections. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

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 lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records did not show objective positive provocative tests, significant neurological deficits and radiological findings consistent with the diagnosis of severe lumbar radiculopathy. It was noted that the functioning intrathecal pump and medication shad resulted in functional improvement and increased ADL. The criteria for left L4, L5 selective nerve root blocks with fluoroscopy was not met.