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| Case Number: | CM15-0089253 | | |
| Date Assigned: | 05/13/2015 | Date of Injury: | 06/15/2009 |
| Decision Date: | 06/15/2015 | UR Denial Date: | 04/30/2015 |
| Priority: | Standard | Application Received: | 05/08/2015 |

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, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old male, who sustained an industrial injury on June 15, 2009, incurring low back and right leg injuries, after losing his balance, twisting his body and falling. He was diagnosed with a recurrent lumbar disc herniation and lumbar radiculopathy. In 2001, the injured worker had a history of a back lifting injury resulting in a herniated lumbar disc. At that time, he underwent lumbar disc surgery. Electromyography studies revealed lumbar radiculopathy. Treatment included work restrictions, physical therapy, chiropractic sessions, bracing, steroids, muscle relaxants, anti-inflammatory drugs and diagnostic imaging. Currently, the injured worker complained of constant low back pain radiating into his buttock, numbness and tingling into the right groin and down into the legs. The treatment plan that was requested for authorization included a right sided lumbar selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right-sided L5 selective nerve root block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, under Selective or Diagnostic ESI.

Decision rationale: The MTUS is silent on selective nerve root blocks. Under ODG, the reader is referred to diagnostic nerve blocks, which notes that diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. They are used when diagnostic imaging is ambiguous, to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; to help to determine pain generators when there is evidence of multi-level nerve root compression; or to help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive. In this case, the MRI showed disc herniation, and so the role of a diagnostic or selective ESI is not clear. At this review, the request for a selective or diagnostic ESI is not medically necessary.