

Case Number:	CM14-0121034		
Date Assigned:	09/16/2014	Date of Injury:	09/17/1999
Decision Date:	10/22/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania, Ohio, Michigan, and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old female who sustained a 09/17/1999 lower back injury. The 7/09/14 medical report indicated the injured worker complaining of increased lower back pain, difficulty sleeping and unable to function properly. The prior left L-5 selective nerve root block dated 06/16/2014 resulted in only temporary improvement. The 7/09/14 physical examination findings include: Restricted lumbar range of motion in all planes, bilateral paravertebral tenderness and sitting straight leg raise was positive bilaterally at 30 degrees. The motor exam was normal and sensory was grossly intact without noted deficits. The 11/21/13 lumbar spine MRI showed L1-2 disc protrusion, L2-3 and L3-4 pedicle screws and wide laminectomies, L4-5 interbody spacer with pedicle screws and bilateral neuroforaminal compromise, L5-S1 laminectomy without pedicle screws with a 1-2mm disc protrusion with moderate bilateral neuroforaminal compromise and spinal stenosis. Treatment to date has included but is not limited to: prescribed medications, trigger point injections, low back decompression/fusion surgery and the 6/16/14 left L-5 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left L5 selective nerve root block.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-Low back-Lumbar & Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Epidural Steroid Injections Page(s): 46 of 127.

Decision rationale: The requested repeat left L-5 selective nerve root block (epidural steroid injection) is not approved because this request fails to satisfy the CA-MTUS Chronic Pain Guidelines on page 46 which requires physical examination findings indicating radiculopathy including associated lower extremity focal motor (myotomal)/sensory (dermatomal) impairment. The CA-MTUS states regarding Criteria for use of Epidural steroid injections on page 46: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Therefore, the request is not medically necessary.