

Case Number:	CM14-0142662		
Date Assigned:	09/18/2014	Date of Injury:	11/05/2001
Decision Date:	10/28/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/03/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 60 year old male with date of injury 11/5/2001. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain since the date of injury. He has been treated with physical therapy and medications. CT myelogram of the lumbar spine performed in 07/2014 revealed effacement of the CSF around the left S1 nerve root as well as facet arthropathy and moderate left sided neuroforaminal stenosis at L5-S1. Objective: decreased and painful range of motion of the lumbar spine, antalgic gait, tenderness of the bilateral lumbar paraspinous musculature, positive straight leg raise test on the left, decreased motor strength (4/5) bilateral lower extremity musculature. Diagnoses: lumbar spine degenerative joint disease, likely L5/S1 radiculopathy. Treatment plan and request: nerve root block left L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block Injection, Left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 300.

Decision rationale: This 60 year old male has complained of lower back pain since date of injury 11/5/2001. He has been treated with physical therapy and medications. The current request is for nerve root block left L5-S1. Per the California Medical Treatment Utilization Schedule (MTUS) citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this California MTUS guideline, lumbar nerve block at left L5-S1 is not indicated as medically necessary.