

Case Number:	CM14-0149803		
Date Assigned:	09/18/2014	Date of Injury:	08/13/1993
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in 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:

Medical records reflect the claimant is a 59 year old female who sustained a work injury on 8-13-93. Medical Records reflect this claimant has a past history of lumbar laminectomy performed in 1993. This claimant has had epidural steroid injection in 2011 and 2012 with mixed results. Office visit from 7-14-14 notes the claimant has anterior thigh pain for at least two weeks with painful increased back pain. On exam, she is neurologically intact. The claimant has weakness and slightly positive femoral test on the left side. He felt the claimant had spinal stenosis. The claimant was placed on steroids and if no progress, an MRI will be requested. Office visit on 8-13-14 notes the claimant's MRI was reviewed that showed spinal stenosis at L3-L4. She has herniated disc at L4-L5 left side and moderate spinal stenosis. The evaluator requested a selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELECTIVE NERVE ROOT BLOCKS AT L3-4 AND L4-5 LEFT SIDE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI'S).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar epidural steroid injection

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that epidural steroid injection are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). This claimant's physical exam does not show evidence of radiculopathy. It is noted that she is neurologically intact. Therefore, the medical necessity of this request is not established.