

Case Number:	CM14-0180880		
Date Assigned:	11/05/2014	Date of Injury:	02/26/2002
Decision Date:	12/19/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/30/2014

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 California. 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 has injury date of 2/26/02. He presents with worsening back pain radiating to the left leg. On examination the patient demonstrates tenderness and spasms in the lumbar spine region. There is a positive straight leg raise test. There is weakness of plantar flexion. He was diagnosed with degenerative disc disease and a herniated disc causing lumbar radiculopathy. There was no documentation which provided diagnostic testing. On 10/1/14 request was made for left L4-S1 selective nerve root block, complete blood count, urinalysis and electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 8/22/14), Preoperative electrocardiogram (ECG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The injured worker was diagnosed with progressive low back pain and left lumbar radiculopathy. Request was subsequently made for left L4 through S1 selective nerve

root blocks and preop workup including complete blood count, urinalysis and electrocardiogram. MTUS guidelines criteria indicate that documentation for radiculopathy must include physical examination findings and imaging/electrodiagnostic studies supportive of the procedure. In addition, no more than 2 transforaminal nerve root level should be injected. Of the provided documentation, there lacks corroborating diagnostic findings consistent with lumbar radiculopathy. Request for selective nerve root block is therefore not medically necessary and as such, the request for electrocardiogram is also not medically necessary.

Complete blood count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 8/22/14), Preoperative lab testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The injured worker was diagnosed with progressive low back pain and left lumbar radiculopathy. Request was subsequently made for left L4 through S1 selective nerve root blocks and preop workup including complete blood count, urinalysis and electrocardiogram. MTUS guidelines criteria indicate that documentation for radiculopathy must include physical examination findings and imaging/electrodiagnostic studies supportive of the procedure. In addition, no more than 2 transforaminal nerve root level should be injected. Of the provided documentation, there lacks corroborating diagnostic findings consistent with lumbar radiculopathy. Request for selective nerve root block is therefore not medically necessary and as such, the request for complete blood count is also not medically necessary.