MAXIMUS Federal Services

Case Number:	CM14-0180885		
Date Assigned:	11/05/2014	Date of Injury:	02/26/2002
Decision Date:	12/17/2014	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 Orthopedic Surgery, and is licensed to practice in South Carolina, and Georgia. 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 59-year-old male who reported an injury on 02/26/2002. The mechanism of injury was not submitted for review. The injured worker has diagnoses of low back pain, degenerative disc disease, herniated nucleus pulposus, spinal stenosis, lumbar radiculopathy and sciatica. Past medical treatments consist of medications. Medications include Norco 10/325, Prilosec 20 mg, and Naprosyn 550 mg. No diagnostics were submitted for review. On 10/01/2014, the injured worker complained of low back pain and worsening radicular symptoms into the left leg all the way down to the feet. It was noted on physical examination of the lumbosacral spine that there was tenderness and spasm. There was limited range of motion, about 70% of normal. There was left sided L4 through S5 radiculopathy. It was also documented that there was numbness and tingling. There was positive straight leg raise which was mild. It was also noted that on examination there was weakness with plantar flexion. Medical treatment plan is for the injured worker to undergo left lumbar selective nerve root block at L4 to S1 with fluoroscopy and anesthesia. The provider feels that due to the ongoing back pain and radicular symptoms, selected nerve roots are necessary. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar selective nerve root block at L4 - S1 with fluoroscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for left lumbar selective nerve root block at L4 - S1 with fluoroscopy and anesthesia is not medically necessary. The included medical documents lacked evidence of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical therapy methods and medications. The guidelines also note that facet injections may aid in the transitional phase for acute to chronic pain. However, the injured worker was already in the chronic stage of their injury. Furthermore, there was no diagnostic imaging submitted for review to corroborate the diagnosis of radiculopathy. Given the above, the injured worker is not within ACOEM recommended guideline criteria. As such, the request is not medically necessary.