

Case Number:	CM14-0044357		
Date Assigned:	06/20/2014	Date of Injury:	09/25/2013
Decision Date:	07/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 Mississippi. 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 39-year-old female who was reportedly injured on September 25, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 8, 2014, indicated that there were ongoing complaints of low back pain. There were no longer any complaints of leg pain or shoulder pain, and the injured employee is currently participating in physical therapy. The physical examination demonstrated mild tenderness along the lumbar spine and decreased lumbar spine range of motion. There was a normal lower extremity neurological examination. Oral pain medications were refilled. A request was made for a selective right nerve root block at L4 and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block right L4 Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks, updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, nerve root blocks are not recommended except as a diagnostic tool. However, the injured employee no longer has knee complaints of lower extremity symptoms, only low back pain. Therefore, it is unclear why there was a nerve root block requested. The request for a nerve root block on the right side at L4 is not medically necessary and appropriate.