

Case Number:	CM14-0081381		
Date Assigned:	08/13/2014	Date of Injury:	05/06/2013
Decision Date:	10/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

The injured worker is a 63 year old female who injured her low back on 05/06/13. The mechanism of injury was not described. Per clinical note dated 05/07/14, the injured worker has low back pain radiating to the bilateral lower extremities. On physical examination she had 5/5 strength in the lower extremities, positive straight leg raise bilaterally and decreased sensation in the L5-S1 distribution bilaterally. EMG/NCV indicated bilateral L5-S1 radiculopathy left greater than right. MRI of the lumbar spine noted neural foraminal stenosis at multiple levels with compression of the left L5 nerve root. The injured worker underwent selective nerve root block on the right at L5-S1 on 01/07/14. Post procedurally, the injured worker had 80% relief for seven weeks. Utilization review determination dated 05/15/14 non-certified the request for selective nerve root blocks at L4-5 and 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 L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Epidural Steroid Injections.

Decision rationale: The request for selective nerve root blocks at L4-5 and L5-S1 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has low back pain with radicular symptoms in L5-S1 distribution bilaterally. The injured worker has decreased sensation bilaterally in L5-S1 distributions motor strength is graded 5/5 and straight leg raise is positive. EMG/NCV indicated the presence of bilateral L5-S1 radiculopathy left greater than right. Previous L5-S1 selective nerve root block resulted in 80% relief for seven weeks. There is correlation between the objective findings and pathology at L5-S1 as identified on EMG/NCV. However at present there is no data to establish the medical necessity for performing L4-5 selective nerve root block. As such the medical necessity has not been established.