

Case Number:	CM13-0072383		
Date Assigned:	01/08/2014	Date of Injury:	04/20/2007
Decision Date:	02/28/2015	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/31/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This worker was injured on 04/20/2007 while being employed. On physician's progress report dated 10/30/2013 the injured worker complained of ongoing right knee pain and was noted to be approved for Supartz injections. On examination of the lumbar spine revealed numbness and tingling in the L5-S1 area and a mildly positive straight leg raise. Treatment plan included a right sided L5-S1 selective nerve root block due to disc protrusion at L5-S1 on the right. Medications were noted as Norco, Gabapentin, occasional anti-inflammatory and Omeprazole. On physician's progress note dated 10/24/2013 his diagnoses were noted as status post right sided L5-S1 microdiscectomy/laminectomy with residual L5 right sided radiculopathy, and chondromalacia and degenerative joint disease and osteoarthritis of the right knee. He was noted to use a single point cane to assist with ambulation and he continued to do home exercise. Work status was noted as modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 lumbar selective nerve root block with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar blocks Page(s): 102.

Decision rationale: According to the guidelines, there is limited evidence to support the use of lumbar blocks. They are indicated for Circulatory insufficiency of the leg: (Arteriosclerotic disease; Claudication: Rest pain; Ischemic ulcers; Diabetic gangrene; Pain following arterial embolus). Pain: Herpes Zoster; Post-herpetic neuralgia; Frostbite; CRPS; Phantom pain. In addition, the ACOEM guidelines state that most invasive techniques have limited short-term benefit. The claimant had already received a prior lumbar nerve root block. The request for an additional block is not medically necessary.