

Case Number:	CM15-0100668		
Date Assigned:	06/03/2015	Date of Injury:	06/07/2014
Decision Date:	07/01/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 49 year old male, who sustained an industrial injury on June 7, 2014. He reported that when picking up a swimming pool box that weighed 300-400 pounds, he felt a sharp pain in his low back. The injured worker was diagnosed as having a lumbar herniated disc at L5-S1 with left radiculopathy. Treatment to date has included MRIs, epidural injection, electromyography (EMG)/nerve conduction study (NCS), Functional Capacity Evaluation (FCE), x-rays, and medication. Currently, the injured worker complains of low back and left leg pain. The Treating Physician's report dated April 23, 2015, noted the injured worker reported his pain started in the lower back and radiated down to the left leg, with the pain constant and rated a 7 on a scale of 1 to 10. Physical examination was noted to show that the plantar flexors and dorsi flexors were weak on the left leg, with straight leg raise positive on the left with generation of low back and left leg pain at about 30 degrees. The MRIs were reviewed, and were noted to show severe collapse at the level of L5-S1 with impingement of the L5 nerve root. The treatment plan was noted to include a request for authorization for a transforaminal nerve root block on the left side of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Nerve Root Block, Left - as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no indication of levels to be performed. Therefore, the request for Lumbar Transforaminal Nerve Root Block, Left - as an outpatient is not medically necessary.