

Case Number:	CM15-0128487		
Date Assigned:	07/15/2015	Date of Injury:	09/22/2006
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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(n) 55 year old female, who sustained an industrial injury on 9/22/06. She reported pain in her neck, left shoulder and lower back. The injured worker was diagnosed as having cervical sprain, left shoulder adhesive capsulitis, lumbosacral strain, lumbar spinal stenosis and extraforaminal disc extrusion at right L4-L5. Treatment to date has included topical pain medications, a cervical MRI, a lumbar MRI Ibuprofen, Naproxen and Norco. As of the PR2 dated 5/20/15, the injured worker reports pain in her lower back with radiation down the right lower extremity. Objective findings include focally tender at L4-S1 and a positive straight leg raise test on the right. The treating physician requested a selective nerve block, L4 nerve block, epidural right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Select nerve block, L4 nerve block, epidural right side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 5/15/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Select nerve block, L4 nerve block, epidural right side is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate evidence of objective imaging or electrodiagnostic studies for review although lumbar MRI results are referenced. Furthermore, it is unclear from the documentation submitted if the patient has had any lumbar epidurals and the outcome since her injury dating to 2006. For these reasons the request for the selective nerve block is not medically necessary.