

Case Number:	CM15-0175969		
Date Assigned:	09/17/2015	Date of Injury:	01/04/2014
Decision Date:	10/19/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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:

The injured worker is a 50 year old male, who sustained an industrial injury on 1-4-14. The documentation on 7-30-15 noted that the injured worker has complaints of intermittent moderate to 5 out of 10 stabbing, throbbing low back pain and stiffness radiates into both legs with numbness, tingling and cramping, associated with prolonged sitting, prolonged standing and prolonged walking. Lumbar spine examination revealed slow and guarded gait; the range of motion is decreased and painful and there is tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Sitting straight leg raise is positive bilaterally. Lasegues causes pain bilaterally at 6 degrees. The diagnoses have included gait abnormality; lumbar disc protrusion; lumbar myospasm; lumbar pain; lumbar radiculopathy and lumbar sprain and strain. Treatment to date has included physical therapy. The original utilization review (8-12-15) non-certified the request for right L5-S1 percutaneous spinal nerve root injection quantity 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Percutaneous spinal nerve root injection qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, invasive procedures are not recommended due to their short-term benefit. The claimant had straight leg raise findings but there was no information available regarding imaging or neurodiagnostics to correlate. The request for spinal nerve root injection is not medically necessary.