

Case Number:	CM15-0178414		
Date Assigned:	09/18/2015	Date of Injury:	09/05/2014
Decision Date:	11/30/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/10/2015

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: Pennsylvania

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 42 year old with a date of injury on 09-05-2014. The injured worker is undergoing treatment for herniated nucleus pulposus right L5-S1, status post decompression with residual-recurrent HNP, and post laminectomy instability. In a physician note dated 06-15-2015 he rates his pain as 6-7 out of 10. Physician progress notes dated 06-15-2015 to 08-17-2015 documents the injured worker's pain is severe. His pain without medications is rated 9 out of 10 and with meds his pain is 7 out of 10. He had a selective nerve root block on 08-07-2015, which gave over 50% relief however the pain remains severe and radiates from the lower back to the right lower extremity. The pain is most severe in his right lower extremity. He takes NSAIDS and a proton pump inhibitor. He also has muscles spasms. He is afraid to have surgery. He would like to try another block before other considering other options. He has decreased strength, sensation and reflex in right S1. Straight leg raise is positive on the right. He has a slightly antalgic gait. There is positive lumbar tenderness, and muscle spasms are noted in the paraspinal musculature of the lumbar spine and range of motion is decreased. Treatment to date has included diagnostic studies, medications, nerve block, epidural steroid injections, status post lumbar surgery, physical therapy, and acupuncture. A Magnetic Resonance Imaging of the lumbar spine done on 04-09-2015 revealed evidence of right perineural postsurgical fibrosis and granulation tissue which may cause L5-S1 nerve root irritation. Medications include Naproxen, Pantoprazole, Fexmid and Ultram. On 08-25-2015 Utilization Review non-certified the request for repeat right L5-S1 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right L5-S1 selective nerve root block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS, "repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks". In this case, it is reported that there was greater than 50 % pain relief but the pain remained severe and there is no evidence from the record that there was functional improvement or reduction in medication use. Therefore the request is not medically necessary.