

Case Number:	CM15-0025897		
Date Assigned:	02/18/2015	Date of Injury:	07/31/2014
Decision Date:	04/02/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/11/2015

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, Michigan, 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 35 year old male, who sustained an industrial injury on July 31, 2014. He has reported a gradual progression of pain for a period of six years, with symptoms becoming disabling. The diagnoses have included lumbar spondylolisthesis, and lumbar sprain/strain. Treatment to date has included physical therapy, and medications. Currently, the injured worker complains of moderate back pain with radiating pain down the right leg to the foot and ankle. The Treating Physician's report dated January 29, 2015, noted the injured worker attending physical therapy with some improvement. Physical examination was noted to show tenderness in the right paralumbar area extending into the right sciatic notch. Active range of motion (ROM) in the thoracolumbar spine was noted to be limited, with a grade 1 spondylolisthesis of L5 on S1 with moderate stenosis within the foramina, noted clearly to be having some L5 radiculopathy. On February 6, 2015, Utilization Review non-certified a right L5 lumbar selective nerve block under fluoroscopy up to 3, modifying the request to approve a right L5 lumbar selective nerve block under fluoroscopy up to 2 injections, noting that the guidelines do not recommend more than two injections. The MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and the Official Disability Guidelines (ODG) were cited. On February 11, 2015, the injured worker submitted an application for IMR for review of a right L5 lumbar selective nerve block under fluoroscopy up to 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar selective nerve block under fluoroscopy up to 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46.

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. In this case, there is no document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. There is no electrodiagnostic documentation of radiculopathy. There is no clear documentation of failure of conservative therapies with compliance with first line therapies. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Furthermore, the guidelines do not support a series of 3 epidural steroid injections. Therefore, the request for Lumbar selective nerve block under fluoroscopy up to 3 is not medically necessary.