

Case Number:	CM15-0026399		
Date Assigned:	02/18/2015	Date of Injury:	06/22/1996
Decision Date:	04/03/2015	UR Denial Date:	02/05/2015
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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on 6/22/1996. She reports back pain. The mechanism of injury was not included for review. Diagnoses include thoracic sprain/strain and lumbar sprain/strain. Treatments to date include back surgery (2005), physical therapy and medication management. A progress note from the treating provider dated 1/27/2015 indicates the injured worker reported low back pain and numbness in the left thigh. On 2/5/2015, Utilization Review non-certified the request for left lumbar 5-sacral 1 selective nerve root injection, citing ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left L5-S1 selective nerve root injection as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/lowback>: Table 2, Summary and Recommendations, Low Back Disorders.

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

Decision rationale: The patient presents with back pain and numbness in the left leg to toes. The current request is for 1 Left L5-S1 selective nerve root injection as outpatient. The treating physician report dated 1/27/15 states, "struggles to remove herself from the floor. Painful low back with walking. Left L5/S1 selective nerve root injection." The progress report submitted is hand written and very difficult to read. The MTUS Guidelines support the usage of Selective Nerve Root Injection, which is a type of Epidural Steroid injection for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, there is no diagnostic imaging/testing submitted for review. There is also no documentation within the physical examination section of the progress report indicating the presence of radiculopathy. The current request is not medically necessary and the recommendation is for denial.