

Case Number:	CM15-0064960		
Date Assigned:	04/13/2015	Date of Injury:	09/13/2012
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/06/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 23 year old female who sustained an industrial injury on 9/13/12. She has reported a back injury with pain. The diagnoses have included low back pain, sciatica, chronic pain and post laminectomy syndrome. Treatment to date has included medications, physical therapy, surgery including lumbar discectomy in February of 2012. The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 12/10/12. The x-rays of the lumbar spine were done on 9/14/12. The current medications included Tramadol and Gabapentin. Currently, as per the physician progress note dated 1/28/15, the injured worker complains of continued low back pain and numbness along the thigh area in the left leg. The pain is located in the buttocks and thigh area and rated 6-8/10 on pain scale. Physical exam of the lumbar spine revealed discomfort to palpation in the low back and gluteus areas, pain with extreme range of motion, reduced sensation in the left lower extremity (LLE), and straight leg raise was positive for the low back. Treatment plan was lumbar Magnetic Resonance Imaging (MRI), anti-neuropathic pain medication trial, heat/ice as needed, consider spinal cord stimulation trial, and home exercise program (HEP). The physician requested treatment included Left L4 and L5 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 and L5 selective nerve root block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Diagnostic epidural steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- low back, esi.

Decision rationale: The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such, the medical records do not support the use of ESI congruent with ODG guidelines.