

Case Number:	CM15-0078288		
Date Assigned:	04/29/2015	Date of Injury:	03/06/2014
Decision Date:	06/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 52 year old female who sustained an industrial injury on 3/6/14 after a fall resulting in low back pain. On 4/8/15 she complained of worsening low back pain radiating down the left greater than right leg with numbness, tingling and groin pain. There was objective findings of positive Patrick's and straight leg raising tests and 4/5 sensation in the lower extremities. She takes ibuprofen for discomfort. Her pain level is 8-9/10. Diagnoses include lumbago; lumbar stenosis and lumbar radiculopathy. Her treatments to date include acupuncture without relief, physical therapy, lumbar brace and pain medicine. Her diagnostic include an MRI of the lumbar spine (11/17/14) showing minimal central canal narrowing and bilateral neuroforaminal narrowing at L4-5 and mild left-sided neuroforaminal narrowing at L5-S1. In the progress note dated 4/8/15 the treating provider 's plan of care includes a request for bilateral L4-5 and L5-S1 selective nerve root block as above mentioned conservative treatments have not been successful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block (SNRB) at L4-L5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the OD guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatments with medications and PT. The records show some subjective, objective and radiological findings consistent with a diagnosis of lumbar radiculopathy. The patient had completed conservative treatments with NSAIDs medications and PT. The records did not show utilization of medications such as gabapentin for the treatment of neuropathic type pain from the lumbar radiculopathy. There was no documentation of significant neurological deficit from the lumbar radiculopathy. The criteria for the use of bilateral L4-L5, L5-S1 selective nerve roots block was not met. Therefore, the requested treatment is not medically necessary.