

Case Number:	CM13-0003102		
Date Assigned:	12/04/2013	Date of Injury:	02/21/2012
Decision Date:	01/13/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 68-year-old male who sustained an injury on 2/21/12. The mechanism of injury was not provided for review. He had chronic lumbar backache, bilateral lower extremity radiculopathy, and a recurrent myofascial strain. The patient's status was post anterolateral interbody fusion at the LS-S1 level on 3/28/12 and posteriorspinal fusion at L5 -S1 on 5/24/12. The patient also had a history of anterior cervical discectomy and fusion. The provider performed a left L4 selective nerve root block under fluoroscopy on 5/17/13. As per the follow up report of 6/7/13, the e injection provided 2 weeks of pain relief by 50%. The lumbar MRI of 4/18/13 confirmed solidity of the fusion in the lumbar back, multilevel degenerative disc disease, and L2-L3 level disc disease without any significant spinal or neural foraminal stenosis. There was a diffuse disk bulge at L3-L4 without any significant canal stenosis, but the possibility of right neural foraminal stenosis and encroachment on the exiting nerve root in the neural foramina. The L4-LS level also showed a ventral thecal sac disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection, anesthetic agent; other peripheral nerve or branch: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient is status post lumbar fusion. The physician is requesting a repeat L4 selective nerve root block. The first injection gave a 50% relief of symptoms and the injection was performed for both diagnostic and therapeutic purpose as only a one level selective block as requested. Therefore, according to the guidelines, a repeat block after two weeks is reasonable