

Case Number:	CM13-0008499		
Date Assigned:	09/11/2013	Date of Injury:	11/30/2000
Decision Date:	01/09/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/07/2013

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, has a subspecialty in 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:

The underlying date of injury in this case is 11/13/2000. The treating diagnosis is failed back syndrome, status post lumbar laminectomy as well as an anterior posterior fusion. An initial physician review notes that the patient is a 56-year-old man with a history of persistent lumbar spine pain radiating into the left lower extremity causing weakness and a sensory deficit at L4. The patient also reportedly has a history of neck and left arm pain in a C7, C8 distribution. The treating physician on 05/13/2013 noted that previously the patient had no relief from a facet injection at L3-4. A prior peer review noted that the patient had no improvement from a past facet injection and that the guidelines do not clearly support invasive pain management. Therefore, the review recommended non-certification of both facet injection and epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) selective nerve root block on the left at L4 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Injections.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections state regarding epidural injections, "This treatment alone offers no long-term functional benefit... Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." I note as well the ACOEM guidelines, chapter 12/low back on page 300, states, "Invasive techniques are of questionable merit." Overall, the guidelines provide only equivocal support for selective nerve root blocks, particularly in the current chronic setting. Additionally, the medical records do not clearly document a clinical history of diagnostic findings suggestive of radiculopathy at a particular nerve root level. For these reasons, this request is not medically necessary.