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| Case Number: | CM13-0009588 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 02/06/2003 |
| Decision Date: | 04/03/2014 | UR Denial Date: | 07/16/2013 |
| Priority: | Standard | Application Received: | 08/09/2013 |

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 Interventional Spine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44-year-old female with a date of injury of 02/06/2003. The listed diagnosis per [REDACTED] dated 03/11/2013 is new-onset herniated disk, left side, L3-L4, impinging 6 mm to 7 mm displacement of left L4 nerve root (new finding since MRI dated 09/22/2010). According to report dated 03/11/2013 by [REDACTED], the patient presents with back pain. The patient does describe some left buttock and thigh pain as well. It is noted that MRI study dated 02/25/2013 confirmed development of left posterior extruded fragment extending from L3-L4 level to the posterior left inferior endplate of L3, causing a 6 mm to 7 mm displacement of the left L4 nerve root causing some narrowing of the left foramen. It is noted that this is a new finding since the MRI from 09/22/2010. On examination, it was noted that patient has "some buttock pain, neurologically globally intact with patchy sensory changes." There were diminished reflexes noted. Straight leg raise testing caused left buttock pain. Treating physician is requesting a bilateral lumbar selective nerve root block at L3-L4 and L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR SELECTIVE NERVE ROOT BLOCK AT THE LEVELS OF L3-L4 AND L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: MTUS Guidelines state, "no more than two nerve root levels should be injected using transforaminal blocks." In this case, physical examination dated 03/11/2013 indicates the patient has positive Straight Leg Raises reproducing buttock and thigh pain. MRI dated 02/25/2013 confirms the patient has 6 mm to 7 mm displacement of the left L4 nerve root causing narrowing of the left foramen. Given the patient's distribution of pain and MRI findings with 6 mm to 7 mm protrusion, an ESI is reasonable. However, the treating physician has asked for bilateral ESI's at multiple levels. The current request is for blocks at 4 levels which is not in accordance with the MTUS Guidelines. Recommendation is for denial.