

Case Number:	CM13-0017023		
Date Assigned:	01/15/2014	Date of Injury:	06/26/1999
Decision Date:	09/10/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/27/2013

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. The expert reviewer is Board Certified in Physical Medicine & 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 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/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 61 year old male who was injured on 07/26/1999. The mechanism of injury is unknown. Prior medication history included Percocet, Neurontin, and Lidoderm patch. The patient underwent right knee surgery in 1990. Diagnostic studies reviewed include MRI of the lumbar spine dated 02/05/2010 demonstrated disk desiccation on all lumbar levels, broad-based bulging disk at L1-L2, and multilevel facet arthritic changes. MRI of the lumbar spine dated 02/28/2013 revealed degenerative disk disease at L1-2 through L5-S1; there is moderate central spinal canal stenosis at L2-3 which is new from or progressive from 2010. There is slight lateral recess stenosis on the right of L3-L4 and on the left at L4-5 which is narrower than in 2010 which displaces the adjacent nerves but does not entrap these nerves; severe stenosis of the right neural foramen at L4-5 probably entrapping the right L4 nerve root progressed slightly since 2010; and mild to moderate neural foraminal stenosis at L5-s1 on the right and left crowding the space for the right and left L5 nerves but unchanged from 2010. Progress report dated 02/13/2013 indicates the patient presented with complaints continued low back pain. He reported increasing pain in the lower extremity radiating to down to the back of left leg and right leg to knees. Objective findings on exam revealed he is able heel-to-toe walk. Deep tendon reflexes of the Patella are 2+ and Achilles is absent. His strength was fairly good and sensation is decreased posteriorly and laterally in both legs, worse on the left. He is diagnosed with low back pain with radiating symptoms to both legs; right knee pain; and depression. He has been recommended for right L3-L4 nerve root injections and L4-L5 nerve root injections. Prior utilization review dated 08/12/2013 states the request for Right L3 & L4 Nerve Root Injections; and Left L4 & L5 Nerve Root Injection is not a medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3 & L4 nerve root injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back - Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks (injections).

Decision rationale: It is unclear in this case, whether or not the patient's symptomatology can be directly attributable to any industrial or work related injury. The findings as described relate primarily to degenerative changes in the lumbar spine. The documentation describes imaging findings that are most consistent with multilevel stenosis, and as such, the low back pain described as a component of the patient's reported pain could only be, considered as relating to musculoskeletal or soft tissue related injury. The MTUS guidelines fail to demonstrate any indication that such injections are indicated for chronic or acute-on-chronic low back pain. Based on the MTUS and ODG guidelines and criteria as well as the clinical documentation that would suggest degenerative pathology as well as the absence of any clear neurological deficit, the request is not considered to be medically necessary.

Left L4 & L5 nerve root injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 308-310.

Decision rationale: As noted above, it is unclear in this case whether or not the patient's symptomatology can be directly attributable to any industrial or work related injury. The findings as described relate primarily to degenerative changes in the lumbar spine. The documentation describes, imaging findings that are most consistent with multilevel stenosis, and as such, the low back pain described as a component of the patient's reported pain could only be considered as relating to musculoskeletal or soft tissue related injury. The MTUS guidelines fail to demonstrate any indication that such injections are indicated for, chronic or acute-on-chronic low back pain. Based on the MTUS and ODG guidelines and criteria, as well as the clinical documentation that would suggest degenerative pathology as well as the absence of any clear neurological deficit, the request is not considered to be medically necessary.