

Case Number:	CM13-0020763		
Date Assigned:	06/06/2014	Date of Injury:	05/16/2007
Decision Date:	07/14/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/06/2013

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 Neurological Surgery 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 injured worker is a 55 year old male injured on 05/16/07. The mechanism of injury is described as lifting a tray at work which was full of buns and felt pain in the lower back. He also complained of bilateral shoulder and knee pain. Progress note 08/16/12, noted, pain in the lumbar area, radiating down the lateral thigh, leg and the bottom of both feet, with constant tingling and numbness in the lower extremities bilaterally. Treatment has included physical therapy, bracing, medication, and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. He has also had epidural steroid injection, the last epidural injection was on 08/10/12 resulting in 40% relief in radicular symptoms. The injured worker had surgery on 11/18/10. A three level laminectomy and discectomy at L3-4, L4-5, and L5-S1 is noted. The most recent clinical note dated 06/06/13 indicated persistent bilateral arm and neck pain, as well as bilateral leg pain. Physical examination noted bilateral low back pain in the L3-4, L4-5, and L5-S1 areas. Extension was very painful and limited. The patient was able to forward flexion without difficulty. The patient had a negative straight leg raise bilaterally. Reflexes were 1+ and symmetrical in the lower extremities. There was no motor weakness. MRI dated 06/14/12 showed the L3-4 level 2-3mm posterior disc protrusion/extrusion, facet arthropathy on the right, and 3-4mm anterior disc protrusion. Exiting nerve root compromise was noted on the right at the L4-5 level there was a three to four millimeter posterior disc protrusion/extrusion with bilateral facet arthropathy, and three to four millimeter anterior disc protrusion. Exiting nerve root compromise noted bilaterally at the L5-S1 level shows a three millimeter posterior disc protrusion with left facet arthropathy. Exiting nerve root compromise noted bilaterally. Annular tears were noted. The request is for a bilateral selective nerve root block at the L5 level and an L3-4, L4-5, and L5-S1 facet blocks. On 07/30/13 there was a modified denial. It denied the epidural steroid injection but approval of the L4-5 and L5-S1 facet blocks. There is no new

documentation that would warrant changing the denial/modification from 07/30/13. In review of the physical examination, there was negative straight leg raise bilaterally, no motor weakness. The injured worker's previous epidural only provided temporary relief of symptoms for less than 50%. The request for selective nerve root blocks in the absence of objective radiculopathy is not supported by current evidence based guidelines. As for the facet blocks at L3-4, L4-5, and L5-S1, the guidelines do not recommend doing more than two joint levels in one session. In the absence of any new documentation, I would agree with the modified approval of L4-5 and L5-S1 facet blocks, and not recommend bilateral selective nerve root blocks at L5 and the facet joint blocks at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SELECTIVE NERVE ROOT BLOCK L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Facet Injections.

Decision rationale: The request is for a bilateral selective nerve root block at the L5 level and an L3-4, L4-5, and L5-S1 facet blocks. On 07/30/13 there was a modified denial. It denied the epidural steroid injection but approval of the L4-5 and L5-S1 facet blocks. There is no new documentation that would warrant changing the denial/modification from 07/30/13. In review of the physical examination, there was negative straight leg raise bilaterally, no motor weakness. The injured worker's previous epidural only provided temporary relief of symptoms for less than 50%. Selective nerve root blocks in the absence of objective radiculopathy is not supported by current evidence based Chronic Pain Medical Treatment Guidelines. As for the facet blocks at L3-4, L4-5, and L5-S1, the guidelines do not recommend doing more than two joint levels in one session. In the absence of any new documentation, I would agree with the modified approval of L4-5 and L5-S1 facet blocks, no recommend bilateral selective nerve root blocks at L5 and the facet joint blocks at L3-4.

FACET BLOCKS L3-L4. L4-L5. AND L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Facet Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Facet Injections.

Decision rationale: The request is for a bilateral selective nerve root block at the L5 level and an L3-4, L4-5, and L5-S1 facet blocks. On 07/30/13 there was a modified denial. It denied the epidural steroid injection but approval of the L4-5 and L5-S1 facet blocks. There is no new documentation that would warrant changing the denial/modification from 07/30/13. In review of the physical examination, there was negative straight leg raise bilaterally, no motor weakness. The injured worker's previous epidural only provided temporary relief of symptoms for less than 50%. The request for selective nerve root blocks in the absence of objective radiculopathy is not supported by current evidence based guidelines. As for the facet blocks at L3-4, L4-5, and L5-S1, the guidelines do not recommend doing more than two joint levels in one session. In the absence of any new documentation, I would agree with the approval of L4-5 and L5-S1 facet blocks.