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| Case Number: | CM13-0031468 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 10/24/2012 |
| Decision Date: | 02/10/2014 | UR Denial Date: | 09/20/2013 |
| Priority: | Standard | Application Received: | 10/03/2013 |

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 Anesthesiology, has a subspecialty in Pain Management 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 29 year old female who reported an injury on 10/24/2012. The mechanism of injury was lifting. The patient's conservative course of treatment has included an unknown duration of physical therapy, acupuncture, and an MRI of the lumbar spine. The patient is noted to have persistent complaints of lumbar pain and physical examination on 09/09/2013 revealed flexion of 45 degrees and extension of 30 degrees. She is noted to have symmetric decreased reflexes of 2/3 to the bilateral lower extremities, positive left straight leg, and subjective complaints of tingling in the left lateral thigh; however, there are no objective findings confirming this complaint. There are no official results of the lumbar spine MRI available; however, discussion of the MRI on an unknown date revealed protrusions at L4-5 and L5-S1 with no evidence of spinal stenosis or foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block at the left L5-S1 level with fluoroscopy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections, diagnostic

Decision rationale: California MTUS/ACOEM Guidelines state a maximum of two injections should be performed if being used for diagnostic purposes. Official Disability Guidelines state diagnostic epidural steroid injections, also referred to as selective nerve root blocks, are used in diagnosing the level of radicular pain. Indications of the need for these injections include determination of radicular pain in cases where diagnostic imaging is ambiguous; evaluation of a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; determination of pain generators where there is evidence of multilevel nerve root compressions; determination of pain generators when clinical findings are consistent with radiculopathy, but imaging studies are inconclusive; and to identify the origin of pain in patients who have had previous spinal surgery. Although the patient's previous MRI of the lumbar spine noted disc protrusion at L4-5 and L5-S1, there was no evidence of foraminal or canal narrowing, and there is no correlating objective evidence of dermatomal radiculopathy on physical examination. As such, the request for a selective nerve root block at the left L5-S1 level with fluoroscopy is non-certified.