

Case Number:	CM13-0033250		
Date Assigned:	02/03/2014	Date of Injury:	05/08/1999
Decision Date:	08/11/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/09/2013

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 Occupational Medicine 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 55-year-old male who has submitted a claim for Low Back Pain, Degenerative Lumbar Disc, Sciatica, Disc Bulge, and Spinal Stenosis, associated with an industrial injury date of May 8, 1999. Medical records from 2013 were reviewed, which showed that the patient complained of constant stiffness and aching pain in the left aspect of the lower lumbar spine, rated 3-6/10, with intermittent aching pain radiating to the left lower extremity. On physical examination, there was tenderness over the lumbar paraspinal muscles from L3/4 to L5/S1. There was decreased sensation at L3 and L4. Lumbar range of motion was limited and straight leg raise test was positive on the left. EMG dated December 17, 2012 revealed left L3 and L4 radiculopathy and positive denervation potentials within L3/4 and L4/5 paraspinal muscle. MRI of the lumbar spine dated November 26, 2012 revealed L4-5 moderate central canal narrowing, moderately severe left neural foraminal narrowing, and moderate right neural foraminal narrowing which resulted in apparent compression and impingement of the exiting left L4 nerve root; L3-4 moderate central canal narrowing and moderate bilateral neural foraminal narrowing; and L5-S1 mild central canal narrowing and mild bilateral neural foraminal narrowing. Treatment to date has included medications, chiropractic care, physical therapy, acupuncture, and L3-4 and L5-S1 selective nerve root injections. Utilization review from September 25, 2013 denied the request for left L3-L4 selective nerve root block under fluoroscopy because official imaging was not included in the evidence submitted for review and there was no clinical evidence of failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L3-L4 SELECTIVE NERVE ROOT BLOCK UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Epidural Steroid Injections Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and unresponsiveness to conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, spinal injection was requested for pain management and functional gain. The medical records showed that the patient previously underwent epidural steroid injections, however, functional gains were not documented. Moreover, there was no discussion regarding failure of conservative management. The criteria were not met. Therefore, the request for Left L3-L4 Selective Nerve Root Block Under Fluoroscopy is not medically necessary.