

Case Number:	CM13-0037119		
Date Assigned:	06/09/2014	Date of Injury:	09/27/1989
Decision Date:	07/25/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/23/2013

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 & 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 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:

This 60 year-old male Truck Driver sustained an injury on 9/27/1989 from a fall off a truck while employed by [REDACTED]. Requests under consideration include Selective Nerve Root Block at L5 on the Right. Diagnoses include Lumbar spondylosis. Report of 3/11/13 from the provider noted increasing low back and right lower extremity pain. Exam showed unremarkable lower extremity neurological findings. EMG report dated 7/30/13 showed exam findings of 5/5 motor strength of lower extremities with intact sensation. Impression was long-standing Chronic Right L5 radiculopathy. MRI of the lumbar spine dated 9/10/13 showed multilevel degenerative disc disease and degenerative joint disease with congenitally short pedicles and moderate to severe narrowing at L1 through L5. Report of 9/12/13 from the provider noted continued chronic low back and right lower extremity pain unchanged. The provider noted MRI results were advised and findings are suggestive, though not dramatic. It was suggested for the patient to have additional conservative measures and trial of Gabapentin was prescribed along with L5 nerve root block. No objective findings were recorded. The request for Selective Nerve Root Block at L5 on the Right was non-certified on 9/24/13 citing guidelines criteria and lack of medical necessity.

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 L5 ON THE RIGHT: 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 Chronic Pain- Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: This injured worker sustained an injury on 9/27/1989 from a fall off a truck. Requests under consideration include Selective Nerve Root Block at L5 on the Right. Diagnoses include Lumbar Spondylosis. Report of 3/11/13 from the provider noted increasing low back and right lower extremity pain. Exam showed unremarkable lower extremity neurological findings. EMG report dated 7/30/13 showed exam findings of 5/5 motor strength of lower extremities with intact sensation. Impression was long-standing Chronic Right L5 radiculopathy. MRI of the lumbar spine dated 9/10/13 showed multilevel degenerative disc disease and degenerative joint disease with congenitally short pedicles and moderate to severe narrowing at L1 through L5. Report of 9/12/13 from the provider noted continued chronic low back and right lower extremity pain unchanged. The provider noted MRI results were advised and findings are suggestive, though not dramatic. It was suggested for the injured to have additional conservative measures, and trial of Gabapentin was prescribed along with L5 nerve root block. No objective findings were recorded. The MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities requested by the injured worker to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Selective Nerve Root Block at L5 on the Right is not medically necessary and appropriate.