

Case Number:	CM13-0037538		
Date Assigned:	12/18/2013	Date of Injury:	07/08/2009
Decision Date:	02/28/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/01/2013

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 Pain Management, has a subspecialty certificate in Disability Evaluation and is licensed to practice in California, Florida, Maryland and District of Columbia. 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 47yr old male an automotive worker suffered an industrial injury on 07/08/2009. He had a microdiscectomy L4- L5 and Laminectomy L4-L5 on 04/05/2012. His pain improved after surgery for a few months but later returned. He had a Lumbar MRI on 10/03/2012 which revealed - Superior "endplate compression with Schmorl's node formation at L 5. Annular protrusion into right lateral recess and proximal neural foramen could be irritating budding right L5root in lateral recess at L4-5. The Chronology of his historical events is as follows - An 11/13/12 PR2 from [REDACTED] notes that the MRI showed a small right sided HNP at IA-5. Back pain is greater than leg pain. ES! at bilateral L4-5 Is prescribed A 12/18/12 report indicates that the patient has a LESI on 12/6/12 which ha" given him significant pain relief rated- 2/10. Neurologically, he is intact in the bilateral lower extremities. He has a negative "straight leg raising sign bilaterally. Spine surgeon requesting FCE for assessment prior P&S designation. In a 1/29/13 report by [REDACTED], the patient has reportedly transferred care to [REDACTED]. Chronic pain x3 years subsequent to surgery with about 3 months decreased pain. Seen for right side L4-5 & L5-S1 transforaminal ESI 12/6/12 with about 35-40% relief for 2months. The patient reports achy low back and right lower extremity pain x 3 years, rated as 8-9/10. The pain is worse in am and, with sit to stand. Exam Lumbar flex 0, ext 15, lat bend 10, positive right SLR. Sensation intact Lumbar ROM WNL. MMT 5/5 LF:s. D1'Rs symmetric. Facet loading negative and SLR positive on right. On 2/13/ 13, UR denied authorization for a lumbar TFESI right l4-5 and L5-SI. A 4/3/12 report by [REDACTED] indicates that the patient complains of burning low back pain, rated a 4-6/ 10, radiating to right foot. Pain exacerbated by standing, sitting, lying down and walking and is alleviated by medications. Exam-Lumbar flex 40, ext 15 Lat bend Lt-15 rt-1 0, right tibial ant/ peroneal/ tlb post/ gastroc/ soleus/ EHL 5-/S: left LE MMT

5/5. No sensory deficits. Prior treatment completed includes: s/p L4-L5 microdiscectomy. Plan: Right L4-5, L5-S1 FESI. On 1/25/13 authorizations were denied for right L4-5 and L5-S1 transforaminal epidural steroid injections. A 7/9/13 report by [REDACTED] notes patient is still extremely fatigued at times and has difficulty with every day functions He is currently being managed by [REDACTED] for pain. He has been using Ultram. Recently he had an ESI, which gave him about 20% relief. His last examination on 8/13/13 by [REDACTED] revealed - that the patient is s/p microdiscectomy and injections with improvements in pain. Pain has now returned and located cross back with paresthesia over right lower extremity. Exam: TTP across lower lumbar region, right side greater than left. Tenderness of right sciatic notch, Positive straight leg raising right side increased pain with extension and rotation. He has Palpable spasm across the back. He has 4+ /5 strength on dorsiflexion and plantar flexion on the right side. Range of motion of the lumbar spine: Flexion 60 degrees, extension 11 degrees. He has 5/5 strength at the hips and knees. Range: of motion of the cervical spine: 40 degrees flexion, 40 degrees extension. He has 5/5 strength in shoulders, elbows and wrists. New MRI scan was obtained: there is evidence of small disk herniation to the right side at the L4-L5 level and Facet arthropathy at L4-5, SI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 selective nerve root block with fluoroscopy and sedation per report dated 08/13/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Low Back - Lumbar & Thoracic (Acute & Chronic)(updated 12/27/13) and CA-MTUS (Effective July 18, 2009): According to ACOEM guidelines, page 300-301.

Decision rationale: The guidelines recommend that repeat blocks should be based on continued objective documented pain and functional improvement. Including at least 50% pain relief with associated reduction of medication use for six to eight weeks. [REDACTED] 1/29/13 report indicated that the patient has 35-40% relief for 2 months following the ESI and [REDACTED] 7/19/13 report: Indicates about 20% relief. Neither report provided a discussion of objective evidence of functional improvement or decrease in pain medication use. Based on the records provided for review and' the medical guidelines, a repeat Right L4-5 selective nerve root block with fluoroscopy and sedation per report dated 08/13/2013 is not medically necessary.

Decision for Right L5-S1 selective nerve root block with fluoroscopy and sedation per report dated 08/13/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet Joints Page(s): 102.

Decision rationale: Regarding repeats selective nerve root block, the guidelines recommend that repeat blocks should be based on continued objective documented pain and functional improvement. Including at least 50% pain relief with associated reduction of medication use for six to eight weeks. [REDACTED] 1/29/13 report indicated that the patient has 35-40% relief for 2 months following the ESI and [REDACTED] 7/19/13 report: Indicates about 20% relief. Neither report provided a discussion of objective evidence of functional improvement or decrease in pain medication use. Based on the records provided for review and the medical guidelines, a repeat Right L5-S1 selective nerve root block with fluoroscopy and sedation per report dated 08/13/2013:is not medically necessary.