

Case Number:	CM13-0056120		
Date Assigned:	12/30/2013	Date of Injury:	02/03/2012
Decision Date:	03/18/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Rehabilitation, 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:

This is a female patient with a date of injury of 2/3/12. A utilization review determination dated 9/26/13 recommends non-certification of bilateral selective nerve root blocks L3-S1 with facet blocks L3-S1. A progress report dated 9/11/13 identifies subjective complaints including ongoing back pain and radicular symptoms, mostly into the right leg and sometimes into the left leg as well. Objective examination findings identify tenderness and spasm in the lumbosacral spine with increased pain with extension and rotation of the facet areas bilaterally. There is right-sided L3 through S1 radiculopathy and mildly on the left. Treatment plan recommends Selective nerve root block on the right at L3-S1 as well as facet blocks at L3-S1 bilaterally. A progress report dated 10/29/13 notes that the patient is not a candidate for surgery or other invasive interventions at this time and she wishes to avoid surgery or other invasive procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral selective nerve root blocks L3-S1, with facet blocks L3-S1: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for bilateral selective nerve root blocks L3-S1, with facet blocks L3-S1, California MTUS recommends ESI/selective nerve root blocks as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), noting that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. They are not supported at more than 2 levels. Specific to facet blocks, ODG supports medial branch blocks rather than intraarticular facet joint blocks, and recommends them for low-back pain that is non-radicular and at no more than two levels bilaterally. Within the documentation available for review, there is clear documentation of radiculopathy corroborated by physical examination and imaging/electrodiagnostic studies. There is also no clear rationale for performance of either injection at more than the 2 levels supported for each procedure, and there is no support for the concurrent use of these procedures, as this can make it difficult or impossible to determine which injection (if any) provided benefit to the patient. In light of the above issues, the currently requested bilateral selective nerve root blocks L3-S1, with facet blocks L3-S1 is not medically necessary.