

Case Number:	CM13-0064775		
Date Assigned:	01/03/2014	Date of Injury:	08/31/2009
Decision Date:	05/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 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:

According to the records made available for review, this is a 39-year-old female with an 8/31/09 date of injury, and L4-5 and L5-S1 lumbar decompression and fusion 7/31/13. The request for authorization is for nerve block sedation on the right L4-L5 and L5-S1. There is documentation of subjective findings of sciatic pain that radiates from the right buttock down the right leg and objective findings of tightness and tenderness across the hamstring on the right more than the left and positive straight leg raise. The imaging findings of CT Lumbar Spine (11/14/13) report revealed at L4-5, there is evidence of laminectomy with pedicular screws, no evidence of spondylolisthesis is seen, and degenerative arthropathy is seen; and at L5-S1. There is evidence of decompression laminectomy with pedicular screws in place with no evidence of spondylolisthesis and degenerative facet arthropathy is seen. The current diagnoses are L4-5 and L5-S1 lumbar decompression and fusion and chronic lumbar sprain/strain and treatment to date is surgery, physical therapy, and medications. There is no documentation of objective radicular findings in each of the requested nerve root distributions and imaging findings at each of the requested levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE BLOCK SEDATION ON THE RIGHT L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

Decision rationale: The California MTUS reference to ACOEM Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective and objective; sensory changes, motor changes, or reflex changes in a correlating nerve root distribution; radicular findings in each of the requested nerve root distributions, imaging findings at each of the requested levels, failure of conservative treatment and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of L4-5 and L5-S1 lumbar decompression and fusion and chronic lumbar sprain/strain. In addition, there is documentation of subjective pain and radicular findings in each of the requested nerve root distributions and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite documentation of objective findings of tightness and tenderness across the hamstring on the right more than the left and positive straight leg raise, there is no documentation of objective findings of sensory changes, motor changes, or reflex changes radicular findings in each of the requested nerve root distributions. In addition, given documentation of imaging MRI, CT, myelography, or CT myelography & x-ray findings, CT Lumbar Spine revealed at L4-5, there is evidence of laminectomy with pedicular screws, no evidence of spondylolisthesis is seen, and degenerative arthropathy is seen; and at L5-S1. There is evidence of decompression laminectomy with pedicular screws in place with no evidence of spondylolisthesis and degenerative facet arthropathy is seen. There is no documentation of imaging findings; nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis at each of the requested levels. Therefore, based on guidelines and a review of the evidence, the request for nerve block sedation on the right L4-L5 and L5-S1 is not medically necessary.