MAXIMUS Federal Services

Case Number:	CM13-0065649		
Date Assigned:	01/03/2014	Date of Injury:	01/23/2013
Decision Date:	05/21/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 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 36-year-old male who was injured on 01/23/2013 while pulling a case from the heat treatment area. He started feeling pain in the low back going down his right leg. Prior treatment history has included six physical therapy sessions, chiropractic sessions, heat, and ice. Diagnostic studies reviewed include MRI (magnetic resonance imaging) of the lumbar spine without contrast revealed: nominal bi-level non-compressive disc displacements L3-4, L4-5 resulting in mild proximal inferior foraminal narrowing without nerve root compression, severe left facet arthropathy L5-S1, no prevertebral or retrospinal soft tissue injury, and no sign of osseous stress injury or fracture. Progress note dated 09/18/2013 documented the patient to have complaints of low back pain down bilateral legs. Pain is worse with sitting or standing for long periods. The patient has tingling and numbness in the right leg and weakness in the right leg. No bowel or bladder complaints. Pain is better with rest and medications. Objective findings on examination of the lower extremities revealed tenderness in the lumbosacral spine. No tenderness to palpation along the sacroiliac joint or greater trochanter. Range of motion is limited with lateral motion. He has normal tone with no paraspinal muscle spasms. No deformities.
Swing phase is symmetric to heel strike and liftoff. Sensation is decreased to light touch in the right L3-L4 and L4-L5 distribution. Reflexes are 2+ bilaterally. No clonus in Final Determination Letter for IMR Case Number CM13-0065649 3 bilateral lower extremities. The patient has 4/5 strength in the right lower extremity. Positive straight leg raised bilaterally in the lower extremities. Positive Patrick's maneuver bilaterally. Progress note dated 10/16/2013 documented the patient with complaints of low back pain down bilateral legs. Pain is worse with sitting or standing for long periods. The patient has tingling and numbness in the right leg and weakness in the right leg. No bowel or bladder complaints. Objective findings on examination revealed gait is antalgic. He is able to do heel-to-toe and toe-to-heel walk. He is neutral in

coronal and sagittal planes. Examination of head and neck revealed negative Spurling's test. Range of motion was normal. No atrophy. There is no tenderness noted in the cervical or thoracic paraspinal muscle regions. Strength and sensation are intact in the upper extremities bilaterally. No atrophy is noted in the Thenar and hypothenar eminence. He is able to do rapid alternating movements. Examination of the lower extremities revealed tenderness in the lumbosacral spine. No tenderness to palpation along the sacroiliac joint or greater trochanter. Range of motion is limited with lateral motion. He has normal tone with no paraspinal muscle spasms. No deformities. Swing phase is symmetric to heel strike and liftoff. Sensation is decreased to light touch in the right L3-L4 and L4-L5 distribution. Reflexes are 2+ bilaterally. No clonus in bilateral lower extremities. The patient has 4/5 strength in the right lower extremity. Positive straight leg raised bilaterally in the lower extremities. Positive Patrick's maneuver bilaterally. The diagnoses are: lumbago, lumbar radiculopathy, and lumbar spondylosis. The treatment plan includes bilateral L3-L4 and L4-L5 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-L4, L4-L5 SELECTIVE NERVE ROOT BLOCK: 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 Section Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The CA MTUS recommends epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The lumbar spine MRI (magnetic resonance imaging) revealed nominal bi-level non-compressive disc displacements at L3-4, L4-5 resulting in mild proximal inferior foraminal narrowing without nerve root compression. There is no diagnostic evidence of nerve root compromise. Selective nerve root block may be indicated to avoid surgery; however, the imaging demonstrates the patient does not have evidence of a surgical lesion. The medical records do not establish unequivocal evidence of radiculopathy. In addition, the medical records do not document conservative measures trialed to date, and the patient's response. The medical records provided do not establish conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants), that have failed to improve symptoms. Given these factors, in accordance with the guidelines, the medical necessity of bilateral L3-L4, L4-L5 selective nerve root block has not been established.