

Case Number:	CM13-0067196		
Date Assigned:	01/08/2014	Date of Injury:	10/29/2012
Decision Date:	05/28/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for probable secondary piriformis syndrome; and rule out left L5 radiculopathy associated with an industrial injury date of 10/20/2012. Treatment to date has included lumbar medial branch blocks at L3/4, L4/5, and L5/S1 levels in 05/30/2013, heat/ice treatment, self-directed exercises, and medications including acetaminophen, and nabumetone. Utilization review from 11/19/2013 denied the request for left lumbar selective nerve root block injections at the level of L5 between 11/15/2013 and 12/20/2013 due to lack of specific objective findings such as sensorimotor deficits and positive provocative tests to support the diagnosis of lumbar spine radiculopathy. Also, there was no evidence that the patient has exhausted conservative treatment, i.e. physical therapy, prior to the proposed injection. Medical records from 2012 to 2013 were reviewed showing that patient complained of low back pain graded 5-6/10 radiating to the left gluteal, left hip, left posterior thigh up to the left foot. Physical examination showed tenderness at the lower left facet column of lumbar spine, left sacroiliac joint, left piriformis, and left greater trochanter. Range of motion testing of the lumbar spine resulted to pain upon extension and rotation towards the left. There was left hip/buttock pain upon hip flexion/internal rotation. Motor strength was graded 5/5 at bilateral lower extremities. Deep tendon reflexes were equal and symmetric. FABER's test was positive at left. Sensation was intact. X-ray of the lumbar spine, dated 11/01/2012, documented mild degenerative changes. MRI of the lumbar spine, dated 07/24/2013, revealed mild narrowing of the L2-L3 interspace with mild circumferential bulging of the L2-L3 disc without impingement; mild circumferential bulging of the L3-L4 disc but no impingement; and desiccated L4-L5 disc with bilateral facet joint arthropathy resulting in attenuation of ventral subarachnoid space with moderate bilateral neural stenosis but no impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LUMBAR SELECTIVE NERVE ROOT BLOCK INJECTIONS AT THE LEVEL L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section.

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

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, the criteria for epidural steroid injection (ESI) include radiculopathy documented by physical examination and corroborated by imaging or electrodiagnostic findings, and initially unresponsive to conservative treatment (including exercises, physical methods, NSAIDs and muscle relaxants). In this case, the patient has been complaining of chronic low back pain radiating to left lower extremity. However, medical records submitted failed to document physical findings to support radiculopathy, particularly involving the left L5 nerve root; and the records do not indicate that the patient underwent physical therapy. There is no physical documentation or a history of physical therapy. Therefore, the guideline criteria have not been met. Therefore, the request for left lumbar selective nerve root block injections at the level L5 is not medically necessary.