

Case Number:	CM13-0070957		
Date Assigned:	02/03/2014	Date of Injury:	02/09/2001
Decision Date:	06/13/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 and 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 an employee of [REDACTED] and has submitted a claim for lumbago associated with an industrial injury date of February 9, 2001. Treatment to date has included oral analgesics, physical therapy and epidural steroid injections. Medical records from 2013 were reviewed and showed complaints of back pain. Physical examination showed an antalgic gait with some tenderness, muscle spasm and limitation of motion of the lumbar spine; neurologically intact in the lower extremities with patchy sensory changes; and diminished reflexes. The patient had a lumbar discogram study on October 23, 2013 confirming multilevel disruption of L2-3, L3-4, L4-5, and intact disc at 5-1 with discordant pain. An MRI examination on August 14, 2013 showed multilevel degenerative disc disease with bulge greatest at L3-4 and L4-5 where there is a mild degree of central canal narrowing; the right-sided neuroforaminal compromise from L2-L5 greatest at L3-4 where it is moderate to severe in degree. The patient had received previous epidural steroid injections which helped with the pain. Utilization review dated December 12, 2013 denied the request for 1 bilateral selective nerve block at the levels of L3-L4 and L4-L5 between 12/11/2013 and 1/25/2014 because physical examination failed to establish the presence of active lumbar radiculopathy with intact motor and sensory exams.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BILATERAL SELECTIVE NERVE BLOCK AT THE LEVELS OF L3-L4 AND L4-L5: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that the use of epidural steroid injections includes an imaging study documenting correlating concordant nerve root pathology; unresponsiveness to conservative treatment; and the injections should be performed using fluoroscopy. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. In this case, the patient complained of chronic back pain. The patient was diagnosed with L3-4 and L4-5 disc bulges with spinal stenosis which was supported by imaging studies such as a lumbar discogram study done on October 23, 2013 and an MRI examination on August 14, 2013. The patient had received an unspecified number of lumbar epidural steroid injections which helped improve the pain; however, it was not quantified in terms of percentage of pain relief. Furthermore, there was no objective evidence of functional improvements with its use. The medical necessity for a repeat lumbar nerve block has not been established. Therefore, the request for one bilateral selective nerve block at the levels of L3-4 and L4-5 is not medically necessary and appropriate.