MAXIMUS Federal Services

Case Number:	CM14-0003375		
Date Assigned:	01/31/2014	Date of Injury:	08/25/2008
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 a 46-year-old who has submitted a claim for Lumbar Radiculopathy and Lumbar Disc Degeneration, associated with an industrial injury date of August 25, 2008. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of frequent low back pain, 4/10, extending down his upper buttocks to his bilateral lower extremities in an L4 dermatome distribution. On physical examination, the patient had an antalgic gait and ambulated with a single point cane. There was tenderness and spasm over the lumbar paravertebral muscles. Sensation was decreased bilaterally over the right L3 and bilateral L4 distribution. Range of motion of the lumbar spine was decreased in all planes. Knee and ankle reflexes were absent bilaterally. No motor deficits were reported. Straight leg raise was negative bilaterally. CT of the lumbar spine, dated November 21, 2013, revealed mild to moderate neural foraminal stenosis at L4-5. Treatment to date has included medications, physical therapy, aquatic therapy, TENS (transcutaneous electrical nerve stimulation) unit, and L4-S1 anterior and posterior fusion. Utilization review from December 26, 2013 denied the request for selective nerve root block at L4 because the request did not document the laterality to be injected.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELECTIVE NERVE ROOT BLOCK AT LUMBAR 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICALTREATMENT GUIDELINES , , 46

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and unresponsiveness to conservative treatment. In this case, the medical records revealed a CT of the lumbar spine documenting nerve root pathology. However, the latest progress note indicated requests for H-wave therapy and acupuncture, hence, conservative management has not been exhausted. There is no indication for an epidural steroid injection at this time. Furthermore, the request failed to specify the laterality to be injected. The request for selective nerve root block at Lumbar 4 is not medically necessary or appropriate.