

Case Number:	CM14-0100802		
Date Assigned:	07/30/2014	Date of Injury:	03/08/2006
Decision Date:	08/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate this 64-year-old male was reportedly injured on 3/8/2006. The mechanism of injury was not listed. Claimant underwent a lumbar laminectomy from (lumbar) L2 to S1 (sacral). The most recent progress note 5/21/2014 indicated there were ongoing complaints of low back pain with radiation to the lower extremities. Physical examination demonstrated that he can stand and walk, has good hip range of motion bilaterally, tends to favor his left side and has no motor deficits in his legs as compared to considerable deficits pre-surgery. Electromyography (EMG) of the lower extremities 7/24/2013 demonstrated chronic left L5 lumbar radiculopathy. Magnetic Resonance Imaging (MRI) of the lumbar spine 3/11/2014 demonstrated spondylosis and facet hypertrophy contributing to moderate bilateral (left greater than right) foraminal stenosis at (lumbar) L4-L5 and 3 mm of retrolisthesis, spondylosis, facet hypertrophy and severe bilateral foraminal stenosis at (lumbar) L5-S1 (sacral) and surgical changes consistent with a laminectomy. Previous documented treatment includes lumbar laminectomy and medications to include Neurontin and Lyrica. A request was made for one bilateral (lumbar) L5 selective nerve root block with sedation and was not certified in the utilization review on 5/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L5 Selective Nerve Root Block with Sedation: Upheld

Claims Administrator 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 - Lumbar & Thoracic (Acute & Chronic), See Epidural Steroid Injections, Diagnostic.

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

Decision rationale: MTUS guidelines support lumbar epidural steroid injections and/or selective nerve root blocks when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guideline criteria. Specifically, there is no documentation of failure of physical therapy, no objective findings on neurological exam and electromyography (EMG) documented chronic left (lumbar) L5 radiculopathy. As such, the request for bilateral injections is not considered medically necessary.