

Case Number:	CM14-0102508		
Date Assigned:	08/01/2014	Date of Injury:	02/01/2012
Decision Date:	10/20/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/02/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 42-year-old male with a reported date of injury on 02/01/2012. The mechanism of injury was noted to be from cumulative trauma. His diagnoses were noted to include lumbar radiculitis, degenerative disc disease of the lumbar spine, lumbar sciatica, cervical spine radiculopathy, and chronic pain syndrome. His previous treatments were noted to include acupuncture, medications, and physical therapy. The progress note dated 05/27/2014 revealed complaints of low back and neck pain rated 7/10. The injured worker reported burning down his bilateral legs to the Achilles tendon to the bottom of the heels. The injured worker reported headaches when he awakes or moved his neck in a certain direction. The physical examination of the cervical spine noted good fluid motion in all other directions except for flexion and no palpable paraspinal muscle spasms. The physical examination of the lumbar spine revealed good motion noted in all other directions except for flexion was to 15 cm from fingertip to floor distance and there were no palpation paraspinal muscle spasms noted. The Request for Authorization form was not submitted within the medical records. The request was for an N block other peripheral for left gluteal minimus and referred left leg pain in the L4 to S1 dermatomal regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Selective Nerve Root Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: The request for a bilateral L4-S1 Selective Nerve Root Injection is not medically necessary. The injured worker complains of left gluteus minimus and referred left pain in the L4-S1 dermatomal regions. The injured worker is beginning to have symptomology on the right side as well. The California Chronic Pain Medical Treatment guidelines recommend epidural steroid injections as an options for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of two injection should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at a interval of t least on tot two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. There is a lack of a lumbar MRI report or being performed submitted within the medical records and a lack of clinical findings to support radiculopathy in a specific dermatomal distribution. Therefore, the request is not medically necessary.