

Case Number:	CM14-0108764		
Date Assigned:	08/01/2014	Date of Injury:	01/30/2012
Decision Date:	10/24/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of January 30, 2012. A utilization review determination dated June 18, 2014 recommends noncertification of a left L3 root block. A progress note dated May 22, 2014 identifies subjective complaints reporting that the patient is currently performing a home exercise program. Physical examination identifies positive left straight leg raise at 30, left S1 strength 4/5, absent left Achilles tendon reflex, lumbar mobility is poor with guarding, and SI sensibility impaired. Diagnoses included lumbar HNP L5 - S1, sciatica, and left S1 radiculopathy. The treatment plan recommends awaiting authorization for Effexor 37.5 mg daily and no additional requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3 root block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, To Determine the level of radicular pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 46 of 127 Epidural steroid injections (ESIs) Page(s): 26 and 46 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic

Decision rationale: Regarding the request for left L3 root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. ODG states when used for diagnostic purposes the following indications have been recommended: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. Within the medical information made available for review, there is no documentation of subjective or objective L3 radiculopathy. Furthermore, there is no documentation of failure of conservative treatment. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of L3 radiculopathy. As such, the requested left L3 root block is not medically necessary.