MAXIMUS Federal Services

Case Number:	CM14-0012165		
Date Assigned:	02/21/2014	Date of Injury:	06/19/2011
Decision Date:	07/03/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 33-year-old male with a reported injury date of 06/19/2011; the mechanism of injury was not provided. The injured worker's diagnoses include lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc and sciatica. An electrodiagnostic test dated 05/10/2013 noted that the injured worker had S1 radiculopathy. The clinical note dated 01/22/2014 noted that the injured worker had complaints that included increased pain in the lumbar spine. It was also noted that the injured worker had complaints of significant lower extremity weakness and that he had to use a cane at all times. In addition, it was noted that the medications that the injured worker was currently taking are no longer helpful. Upon examination, it was noted that there was significant spasm and decreased range of motion of the lumbar spine. It was also noted that there was a positive straight leg raise with radiculopathy in the bilateral lower extremities. In addition, it was noted within the that the injured worker received a CT myelogram that revealed evidence of neural foraminal stenosis and a lack of filling at L4-5 and with a filling deficit on the right below the L5-S1 artificial disc. The plan of care noted that they were requesting bilateral lower extremity EMG/NCV (Electromyography / Nerve Conduction Velocity), bilateral selective nerve root blocks at L4-5 and L5-S1 and a provocative discogram at L3-4 and L4-5. The Request for Authorization for bilateral selective nerve root block at L4-5 and L5-S1 and a discogram was submitted on 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELECTIVE NERVE ROOT BLOCK L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPDIRUAL STEROID INJECTIONS (ESIs) Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, EPIDURAL STEROID INJECTIONS, DIAGNOSTIC.

Decision rationale: The request for a selective nerve root block at L4-5 and L5-S1 is non-certified. The California MTUS/American College of Occupational and Environmental Medicine states that, invasive techniques are of questionable merit. More specifically, the Official Disability Guidelines state that selective nerve root blocks may be recommended for the diagnosis of radicular pain and in cases where diagnostic imaging is unclear. This request remains unclear, as there is documented evidence of S1 radiculopathy from an EMG study, and there is evidence of neural foraminal stenosis at L4-5 and a filling defect at L5-S1, as evidenced by a CT myelogram. As such, the request for selective nerve root block at L4-5 and L5-S1 is not medically necessary and appropriate.

PROVOCATIVE DISCOGRAM L3-4 AND L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for a provocative discogram at L3-4 and L4-5 is non-certified. The California MTUS/American College of Occupational and Environmental Medicine Guidelines state that despite the lack of strong medical evidence supporting it, discography is fairly common; and when considered, it should be reserved only for patients who meet certain criteria. These criteria include back pain of at least 3 months duration, the failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, the injured worker is a candidate for surgery, and the injured worker has been briefed on the potential risks and benefits from discographing surgery. There was a lack of evidence provided within the available documentation that the injured worker has undergone a detailed psychosocial assessment. Additionally, it remains unclear if this injured worker is a candidate for surgery. As such, the request for provocative discogram L3-L4 and L4-L5 is not medically necessary and appropriate.