

Case Number:	CM14-0017004		
Date Assigned:	03/07/2014	Date of Injury:	06/09/2011
Decision Date:	04/23/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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; Pain Management has a subspecialty in Interventional Spine 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 44 year old female with date of injury of 06/09/2011. The listed diagnosis per Dr. Todd Katzman dated 01/02/2014 is: 1. Lumbar radiculopathy The progress report dated 01/02/2014 by Dr. Katzman shows that the patient complains of low back pain radiating into her right lower extremity with numbness and tingling. The physical examination shows her gait is non-antalgic. There is moderate tenderness at the base of the lumbosacral spine with mild spasm. Straight leg raise is positive on the right. There is diminished sensation in the right foot. The treater is requesting a bilateral L4-5 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 SELECTIVE NERVE ROOT BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTION.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic low back pain radiating to her right lower extremity with numbness and tingling. The treater is requesting a bilateral L4-5 selective nerve root block. The MTUS Guidelines page 46 to 47 states that radiculopathy must be documented with physical examination and imaging studies. Moreover, if used for diagnostic purposes, a maximum of two injections should be performed. Review of 118 pages of reports do not show any recent or prior nerve root blocks to the lumbar spine. The treater reviewed an MRI report dated 10/31/2011 of the lumbar spine showing a 4mm right-sided disc protrusion at L4-5 and a 3-4mm protrusion at L3-4 and L5-S1. In this case, the patient presents with radicular symptoms down the right side and the MRI showed right sided disc protrusion. However, the treater is requesting bilateral L4-5 root blocks. The MRI report does not show any evidence of stenosis or herniation on the left side. In addition, the patient does not report any left sided radicular symptoms down the lower extremities. Given that the patient's symptoms are right sided, it is unclear why the treater is requesting for bilateral nerve root block. Therefore, the request is not certified.