

Case Number:	CM14-0018538		
Date Assigned:	04/18/2014	Date of Injury:	10/01/2009
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/13/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 70-year-old female with a 10/1/09 date of injury. At the time (1/21/14) of request for authorization for lumbar nerve root block left and right L5 under fluoroscopy and monitored anesthesia, there is documentation of subjective (increased low back pain rated as a 3 out of 10, with burning bilateral leg pain extending into the feet) and objective (tenderness to palpation over the lumbar facets and paravertebral musculature with spasms, decreased lumbar range of motion, and positive straight leg raise) findings, imaging findings reported MRI of the lumbar spine (11/9/11) revealed moderate bilateral lateral spinal and neural foraminal stenosis at L4-5 and L5-S1; report not available for review), current diagnoses (lumbar disc displacement and lumbosacral neuritis), and treatment to date (medication, acupuncture, chiropractic therapy, physical therapy, and activity modification). There is no documentation of objective (sensory changes, motor changes, or reflex changes) in the requested nerve root distribution and an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR NERVE ROOT BLOCK LEFT AND RIGHT L5 UNDER FLUOROSCOPY AND MONITORED ANESTHESIA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATION AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION, LOW BACK COMPLAINT, 300

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. Official Disability Guidelines(ODG) identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (magnetic resonance imaging (MRI), computerized tomography, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement and lumbosacral neuritis. In addition, there is documentation of subjective (pain) radicular findings in the requested nerve root distribution and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite nonspecific documentation of objective findings (tenderness to palpation over the lumbar facets and paravertebral musculature with spasms, decreased lumbar range of motion, and positive straight leg raise), there is no specific (to nerve root distribution) documentation of objective (sensory changes, motor changes, or reflex changes) in the requested nerve root distribution. In addition, despite documentation of the 1/29/14 medical report's reported imaging findings (MRI of the lumbar spine identifying moderate bilateral lateral spinal and neural foraminal stenosis at L4-5 and L5-S1), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for lumbar nerve root block left and right L5 under fluoroscopy and monitored anesthesia is not medically necessary.