

Case Number:	CM14-0121625		
Date Assigned:	08/06/2014	Date of Injury:	03/25/2005
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/01/2014

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 and Pain Medicine, and is licensed to practice in Florida. 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 52-year-old female with a reported date of injury on 03/25/2005. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include L2-3 adjacent level degeneration, disc protrusion, and bilateral neuroforaminal stenosis resulting in L2 radiculitis, status post bilateral sacroiliac joint fusion for arthrosis, status post removal of spinal cord pulse stimulator box, and status post multiple lumbar spine surgeries. Her previous treatments were noted to include surgery and medications. The progress report dated 07/01/2014 revealed the injured worker complained of increased back pain and reported it came from the upper lumbar spine. The injured worker reported it radiated down the lower lumbar spine, buttocks, and hips, but the location was at the upper lumbar. The injured worker indicated the pain seemed to radiate into the anterior groin and proximal thighs bilaterally. The physical examination revealed significant weakness in the bilateral lower extremities, especially her left distal lower extremity where she had no dorsiflexion of the ankle or foot. The provider indicated it appeared she was having pain of cephalad adjacent level of L2-3. There was bilaterally neuroforaminal stenosis, and was likely contributing to the L2 radiculitis, which she felt as pain and abnormal sensation in her anterior thigh and proximal groin. The provider indicated the CT of the lumbar spine performed 06/19/2014 revealed all instrumentation was in good placement with lumbar spine and sacroiliac joints bilaterally. There were no bony fusion masses seen in the sacroiliac joints, and there did not appear to be any loosening of the hardware. The lumbar spine did show at the cephalad adjacent level of L2-3, there was adjacent level degeneration with disc protrusion, resulting in bilateral neuroforaminal stenosis. The progress note dated 07/29/2014 revealed the injured worker complained of persistent lower back pain and left foot drop with left leg weakness. The injured worker indicated on a good day her lower back pain was rated 6/10 and on bad days it was 10/10. The physical examination of the lumbar spine exhibited

tenderness upon palpation and spasms of the paraspinal muscles. The straight leg raise test of the bilateral lower extremities was negative, but had severe pain in the lower back. There was no weakness noted to the right or left thigh and there was a decreased response to tactile stimulation of the left leg/foot. The left knee jerk was absent or diminished, as well as the left ankle jerk. The right knee jerk and ankle jerk were within normal limits. The Request for Authorization form dated 07/08/2014 was for a bilateral selective nerve root block at L2-3 due to radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3 Bilateral Nerve 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: LOW BACK- LUMBAR & THORACIC (ACUTE & CHRONIC).

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

Decision rationale: The prospective request for 1 L2-3 bilateral nerve block between 07/01/2014 and 09/12/2014 is non-certified. The injured worker has a diagnosis of bilateral neuroforaminal stenosis and L2 radiculitis. The guidelines state that selective nerve root blocks are used to determine pain generators when clinical findings are consistent with radiculopathy but imaging studies are inconclusive. The CT scan results confirm the L2-3 degeneration with disc protrusion resulting in bilateral neuroforaminal stenosis, which would be the origin of the pains of the injured worker's anterior thigh and proximal groin pain. As such, the criteria are not met for the L2-3 bilateral selective nerve root block. As such, the request is non-certified.