MAXIMUS Federal Services

Case Number:	CM14-0139978		
Date Assigned:	09/08/2014	Date of Injury:	11/07/1997
Decision Date:	10/03/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/28/2014

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 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 57-year-old female patient diagnosed with lumbosacral neuritis, lumbar/lumbosacral disc degeneration, and lumbar postlaminectomy syndrome following an industrial injury sustained on 11/07/1997. A request for nerve root block lumbar left L4, L5 was non-certified in utilization review on 08/07/14 with the reviewing physician noting that clinical information does not unequivocally describe a radiculopathy on both physical examination and imaging/electrodiagnostic studies. Progress note dated 06/10/14 reveals the patient presented for follow-up reporting increased pain in lumbar spine since last visit. Pain was rated at 7/10. She reports her daily activities at work involve a lot of sitting have caused some aggravation. She continues to work as a receptionist. She still has to have assistance with lifting, pulling and pushing. When she takes Norco she gets about 80% pain relief for about 4-5 hours. She takes Soma at night to help with sleep and reports gabapentin she takes 3 times daily gives her 90% relief of sciatic pain. She has previously completed acupuncture without benefit. Pain was described as aching, numb, shooting and tingling. Physical examination revealed reflexes 2+ and symmetric in the bilateral upper and lower extremities. There are no motor deficits. There was tenderness to palpation over the lumbar facets and spasm noted. Straight leg raise is negative. Gait is antalgic. Range of motion was restricted. Motor strength was 4/5 throughout the left lower extremity as well as the right ankle dorsiflexion and plantarflexion. Sensation is grossly intact to light touch. It was recommended the patient undergo a lumbar epidural steroid injection and medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar nerve root block at left L4, left L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46.

Decision rationale: The CA MTUS guidelines note that epidural injections can be considered when there is documentation of objective radiculopathy on physical examination, corroborating with diagnostic imaging, and failure of conservative measures. In this case, there are no objective findings on examination indicative of radiculopathy in a specific dermatomal/myotomal distribution, and there were no corroborative imaging studies or electrodiagnostic studies included for review. Sensation is intact, reflexes are intact, and there was global weakness reported throughout the entire left lower extremity. Thus, given the lack of objective findings to support a diagnosis of lumbar radiculopathy, the requested lumbar nerve root block at the left L4 and left L5 is not medically necessary and is non-certified.