

Case Number:	CM14-0159505		
Date Assigned:	10/03/2014	Date of Injury:	10/01/2009
Decision Date:	10/30/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational 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:

The claimant was injured on October 1, 2009 and she had a mechanism of injury of cumulative trauma. A lumbar nerve root block on the right side at L5-S1 under fluoroscopy with monitored anesthesia is under review. She was evaluated on July 16, 2014. She was status post a corrective osteotomy of the right great toe over the previous couple of months. This had caused a flareup of her neck and low back pain. There were no focal neurologic deficits on examination. Electrodiagnostic studies revealed mild acute L5 and S1 radiculopathy on the right. A lumbar spine MRI dated July 19, 2014 revealed a collapsed disc at L5-S1 and a protruding disc displacing the dural sac. There are hypertrophic facet joints and ligamentum flavum. She had nerve root impingement bilaterally. The changes were more severe than on the previous examination. She had significant spinal stenosis. She had an Agreed Medical Reevaluation on July 25, 2014. Her chief complaints did not include her low back or legs. There were multiple other complaints. She had difficulty squatting. She was status post lumbar radiofrequency rhizotomies and thermocoagulation in the past with facet injections. She had other medical problems also. On August 13, 2014, she was scheduled for therapy for her shoulders. She complained of constant 7/10 low back pain radiating to the buttocks, hips, thighs, and legs to the lower calf areas. Her pain worsened to a 10/10 with prolonged sitting and standing. She would walk around the office and do stretching to help with the pain. She was wearing a back brace daily. She had assistance cleaning her home and rarely cooks. She also had depression, anxiety, and sleep problems. She was on several medications. She had a normal gait. She had good range of motion and her low back otherwise was not examined. She had an MRI in the past and had multilevel lumbar degenerative disc disease. There were disc protrusions at L5-S1 and L4-5 causing moderate bilateral lateral spinal and neural foraminal stenosis. Diagnoses included multilevel degenerative disc disease with moderate lateral and foraminal stenosis at multiple

levels. On September 15, 2014, she reported increased bilateral back pain with radiation to both legs. She could do her ADLs without assistance. She did some light activities. She has had acupuncture, chiropractic, heat and ice treatment, PT (physical therapy), TENS (transcutaneous electrical nerve stimulation) unit, trigger point injections, facet joint injections, and radiofrequency thermocoagulation. She exercises three to four times per week. Physical examination revealed that she was sitting comfortably. Low back exam revealed intact sensation and there was weakness of right knee flexion and extension and also right ankle dorsiflexion and plantar flexion. She also had mildly weak left ankle dorsiflexion. She was prescribed topical compounded cream. Epidural injection was recommended at multiple levels of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar nerve root block injection at right L5-S1 under fluoroscopy and monitored anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for a lumbar nerve root block right L5-S1 injection under fluoroscopy and monitored anesthesia. The Chronic Pain Medical Treatment Guidelines states that an ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs [non-steroidal anti-inflammatory drugs] and muscle relaxants). There is no clear objective evidence of radiculopathy on physical examination despite an EMG that was described as positive for radiculopathy. The claimant had decreased range of motor but no sensory deficits and normal motor and reflex exams. Straight leg raise tests are not described including whether or not they reproduced radicular pain. There is no indication that she has failed all other reasonable conservative care, including exercise which she appears to be doing fairly consistently or that this ESI is being recommend in an attempt to avoid surgery. Fluoroscopy is typically used but it is not clear why monitored anesthesia has been recommended as there is no indication that the claimant cannot cooperate with the injection or that she has extreme anxiety. The medical necessity of this request for a lumbar selective nerve root block with fluoroscopy and monitored anesthesia has not been clearly demonstrated. The need for monitored anesthesia is also not medically necessary since the medical necessity of the nerve root block has not been shown. Therefore, the request for lumbar nerve root block injection at right L5-S1 under fluoroscopy and monitored anesthesia is not medically necessary or appropriate.