

Case Number:	CM14-0169015		
Date Assigned:	10/17/2014	Date of Injury:	03/28/2004
Decision Date:	11/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/14/2014

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, 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:

The injured worker is a 61 year old male who was injured on March 28, 2004. Diagnoses are listed as degeneration of lumbar or lumbosacral intervertebral disc, and postlaminectomy syndrome of lumbar region (722.83, 722.52). The most recent progress note dated 9/30/14, reveals complaints of ongoing severe lower back pain radiating to buttocks extending down bilateral posterior thighs ending at behind the knees. Pain is rated a 3 out of 10 on (VAS) visual analog scale with medications and an 8 out of 10 without medications. Physical examination reveals antalgic gait assisted with a cane, palpable tenderness of the left lumbar paravertebral muscles approximately L5 to S1, sensory is decreased over the left L4 and L5 dermatome distribution, lumbar range of motion in degrees: flexion 38 degrees, extension 0 degrees, left lateral bend 18 degrees, right lateral bend 22 degrees, reflexes are absent except right patellar is 1+, motor are all 5/5, straight leg raise is positive on the left at 80 degrees, negative on the right at 90 degrees, L3 to L4 adjacent segment degeneration, L4 to S1 left foraminal stenosis, L2 to L4 facet arthropathy, bilateral sacroiliac joint dysfunction, degenerative joint disease bilateral hips. Prior treatment includes nonsteroidal antiinflammatories, over the counter analgesics, oral steroids, physical therapy, an L4 to S1 fusion in 2009, bilateral laminectomy, medial facetectomy and foraminotomy, L4 to L5 laminectomy with exploration due to previous surgery with bilateral L4 foraminotomies to the left side with flexible shaver, irrigation and drainage of a 4 centimeter lumbar wound, right transforaminal L4 to L5 epidural steroid injection which provided four weeks resolution of right lower extremity pain, two trigger point injections in the lower back, and EMG/NCV on 9/30/14. Most recent medications listed on clinical note dated 8/27/14 include Flexeril 10 milligram tablets one orally every night as needed muscle spasm, Endocet 10/325 milligrams tablets one by mouth four times daily as needed by pain. Electronic diagnostic studies include MRI of the lumbar spine without contrast dated 9/19/14 revealed moderate right L4 to

L5 residual foraminal stenosis, and L3 to L4 there is evidence of lateral recess stenosis. An EMG/NCV (electromyography/nerve conduction velocity) dated 9/29/14 of bilateral lower extremities revealed evidence of chronic bilateral L5 and right S1 radiculopathies, reduction of the right peroneal evoked motor amplitudes are likely related to history of radiculopathy and represent axonal loss at the spinal level, and mildly prolonged bilateral tibial distal motor latencies may represent early distal tibial neuropathy. The injured worker is not currently working. At this visit the injured worker's work status is deferred to the primary treating physician. A prior utilization review determination dated October 9, 2014 resulted in denial of right sided L5 selective nerve root block quantity one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right-sided L5 selective nerve root block QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Inject (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. Repeat epidural steroid injections can be an option when there is documented greater than 50 percent pain relief for six to eight weeks, documentation of objective functional improvement and a reduction in medication usage. In this case, the patient has previously undergone a right L5 epidural steroid injection and reported only four weeks of benefit without any indication of functional benefit or reduction in medication use. Thus, the requested right sided L5 selective nerve root block quantity one is not medically necessary and is noncertified.