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| Case Number: | CM14-0175551 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 08/07/2007 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 10/06/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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 and is licensed to practice in Texas and Oklahoma. 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 46-year-old female who reported an injury on 08/07/2007 due to being attacked by a mentally handicapped patient while at work. Diagnoses were cervical disc disease, cervical radiculopathy, lumbar facet syndrome, lumbar disc disease, lumbar radiculopathy, left sacroiliac joint arthralgia and left piriformis syndrome. Physical examination dated 09/03/2014 revealed complaints of cervical spine and lumbar spine pain that were rated 6/10. The back pain was described as on/off and traveled to the left. It was reported that the pain was made better by taking medication. The injured worker had an MRI of the lumbar spine without contrast on 02/13/2014 that revealed there were mild to moderate bilateral facet degenerative changes and ligamentum flavum hypertrophy with minimal grade 1 anterolisthesis of the L3 over L4; there were mild degenerative endplate changes and edema; there was a 2 mm to 3 mm broad based posterior disc bulge; and there was mild spinal stenosis with no neural foraminal narrowing. Examination revealed sensation was decreased along the left C6 dermatome. Examination of the lumbar spine revealed diffuse tenderness over the paraspinal musculature with spasm. There was moderate facet tenderness from L4-S1. Piriformis test was positive for tenderness on the left and positive for piriformis stress on the left. There was sacroiliac tenderness on the left, a positive faber/Patrick's test on the left, sacroiliac thrust test was positive on the left. Seated straight leg raise was to 60 degrees on the left and supine straight leg raise was 50 degrees on the left. Lumbar range of motion for lateral bending on the right was to 25 degrees, on the left it was to 20 degrees, flexion was to 55 degrees and extension was to 10 degrees. It was reported that the injured worker had failed conservative treatment including physical therapy, chiropractic manipulative therapy, medication, rest and a home exercise program. The request is for a left L4-5 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 selective nerve root block QTY: 1: 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): 46.

Decision rationale: The decision for left L4-5 selective nerve root block quantity 1 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts including continuing a home exercise program. There is no information on improved function. The criteria for use for an epidural steroid injection are radiculopathy must be documented by physical examination and corroborated by imaging studies and be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy and no more than 2 nerve root levels should be injected using transforaminal blocks. There were no specific dermatomal/myotomal distribution deficits suggestive of radiculopathy in the lumbar spine. Also, the request does not indicate the use of fluoroscopy for guidance. There were no other significant factors provided to justify the decision for left L4-5 selective nerve root block. Therefore, this request is not medically necessary.