

Case Number:	CM14-0026415		
Date Assigned:	07/09/2014	Date of Injury:	03/05/1982
Decision Date:	12/19/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 74-year-old female with a 3/5/82 date of injury. At the time (2/25/14) of request for authorization for left L-2 selective nerve root block under fluoroscopy, there is documentation of subjective (low back pain radiating into left leg) and objective (pain in the upper lumbar spine on motion, pain in the left leg with loss of deep tendon reflexes (DTRs) and sensory changes in the L2 distribution, absent knee and ankles reflexes) findings, imaging findings (reported lumbar spine MRI (2011) revealed multiple levels of disc protrusion; report not available for review; lumbar spine CT (8/24/11) report revealed L1-2 stable 5 mm of retrolisthesis, severe degenerative disc disease with vacuum phenomenon and a moderate concentric bulge, moderate spinal canal stenosis and severe bilateral foraminal narrowing bilaterally), current diagnoses (lumbar failed back surgery syndrome), and treatment to date (medications, activity modification, and pain pump). There is no documentation of subjective radicular findings and failure of additional conservative treatment (physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left l-2 selective nerve root block under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnosis of lumbar failed back surgery syndrome. In addition, there is documentation of objective (sensory changes) radicular findings, imaging (CT) findings (moderate or greater central canal stenosis and neural foraminal stenosis), and failure of conservative treatment (activity modification and medications), and that no more than two nerve root levels are to be injected in one session. However, despite non-specific documentation of low back pain radiating into left leg, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings. In addition, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for left L-2 selective nerve root block under fluoroscopy is not medically necessary.