

Case Number:	CM14-0026928		
Date Assigned:	06/16/2014	Date of Injury:	02/19/2009
Decision Date:	08/13/2014	UR Denial Date:	02/21/2014
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, Pain Medicine and is licensed to practice in Florida. 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 60-year-old male with a reported date of injury on 02/19/2009. The mechanism of injury was reported as a slip and fall. The injured worker presented with low back pain rated at 1-9/10 on the pain scale. Upon physical examination the injured worker presented with gait, heel and toe walk performed normally without complaint. An MRI of the lumbar spine dated 11/25/2003 revealed normal lordotic curvatures maintained without spondylolisthesis. There was advanced degenerative disc disease at L2-3. In addition, there was a disc bulge visualized at L2 extending into the neural foramen causing slight to moderate foraminal stenosis at L2-3. Foraminal stenosis was not apparent at any other level. The volume of the central canal was adequate. Electrodiagnostic testing dated 02/01/2010 revealed evidence of moderate demyelinating sensory peripheral neuropathies in both lower extremities without evidence of lumbar radiculopathy or lumbosacral plexopathy. The electrodiagnostic testing dated 02/01/2010 revealed evidence of moderate demyelinating sensory peripheral neuropathies in both lower extremities without evidence of lumbar radiculopathy or lumbosacral plexopathy. The x-rays of the lumbar spine dated 04/30/2014 revealed slight to moderate hypertrophic spurring at the endplates laterally on the left at L2-3. There was moderate loss of disc space at L2-3. The other disc spaces were relatively well preserved. The lumbar spine range of motion revealed lateral bend to 15 degrees, backward extension to 10 degrees, forward flexion to 20 degrees. The physician indicated the injured worker's low back revealed no spasms in the paraspinal muscles. The injured worker demonstrated moderately restricted lumbar range of motion, without complaints of radicular pain or paresthesias in either lower extremity. Previous conservative care included physical therapy; the results of which were not provided within the documentation available for review. Clinical note dated 04/30/2014 indicates the injured worker's diagnoses included chronic low back pain, which was not currently associated with

lower extremity radicular symptoms and slight idiopathic scoliosis. The injured worker's medication regimen included Norco and glucosamine/chondroitin. The Request for Authorization of the lumbar selective nerve root block bilateral L4-5, L5-S1 with fluoroscopy times 4 was submitted on 03/03/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SELECTIVE NERVE ROOT BLOCK BILATERAL L4-L5, L5-S1 W/ FLUOROSCOPY TIMES 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for radicular pain. The most current guidelines recommend no more than 2 ESI injections. Criteria for the use of epidural steroid injections includes radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. A second block is not recommended if there is inadequate response to the first block. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with the general recommendation of no more than 4 blocks per region per year. The guidelines recommend no more than 2 ESI injections. According to the documentation the injured worker underwent spinal injections in 08/2009, which the injured worker states gave him the feeling back in his legs. There is lack of objective clinical findings of pain relief and functional improvement, including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks. In addition, radiculopathy is not documented. There is lack of documentation related to radiculopathy in physical examination and corroboration by imaging studies and/or electrodiagnostic testing. In the clinical note dated 04/30/2014 the physician indicated the injured worker had no complaints of radicular symptoms. In addition, the request as submitted failed to provide the use of fluoroscopy (live x-ray) for guidance during the administration of the ESI(epidural steroid injection). In addition, the guidelines do not recommend a series of injections in either the diagnostic or therapeutic phase. The guidelines recommend no more than 2 ESIs. The request for ESI (epidural steroid injection) times 4 exceeds the recommended guidelines. Therefore, the request for lumbar selective nerve root block bilateral L4-L5, L5-S1 w/fluoroscopy times 4 is not medically necessary.