

Case Number:	CM14-0028516		
Date Assigned:	06/16/2014	Date of Injury:	07/21/1995
Decision Date:	07/31/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 64-year-old male who reported an injury on 07/21/1995 due to an unknown mechanism. The injured worker had complaints of left leg pain with numbness and hypesthesia. Also, he is status post previous lumbar surgery. The injured worker had an examination on 06/01/2014 where he stated his pain was 5/10 to 6/10. The injured worker had increased sensitivity down the medial left leg to pinprick and light touch and he also complained of pain around that left knee. Examination revealed normal range of motion in cervical and lumbar spine. Straight leg raising was negative both lower extremities. Muscle strength and tone were normal in the upper and lower extremities. Injured worker medications were atorvastatin 40 mg, levothyroxine 112 mcg, chlorthalidone 25 mg, losartan 25 mg, Lyrica 300 mg twice a day, Temazepam 15 mg once daily, hydrocodone 5/325 as needed, aspirin 81 mg daily. The injured worker had an MRI scan which was not submitted for review. The impression was that status post L2-3, L3-4, L4-5 decompressive laminectomy, persistent foraminal stenosis L3-4, L4-5, L5-S1 with small spondylolisthesis L4-5 and sagittal facet joints and severe central spinal stenosis at L5-S1. 3) Scoliosis with apex at L2-3 convex to left. Treatment plan was for nerve root blocks at the L3-4 and L4-5 areas. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Left Lumbar L3-L4 And L4-L5 Selective Nerve Root Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The request is for 1 left lumbar L3-4 and L4-5 selective nerve root block is non-certified. The MRI submitted with the injured worker's document was from 04/2013 and the impression is different than the one in the examination dated 04/03/2014. The most current MRI was not submitted for review. The injured worker had a decompressive laminectomy in the year 2010 of the L2-3, L3-4, L4-5. It was stated the injured worker had an EMG which was not supported for review. The California Medical Treatment Utilization Schedule recommends epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and used should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of epidural steroid injections are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS and muscle relaxants), injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. In a 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 a general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either diagnostic or therapeutic phase. The MTUS recommends no more than 2 ESI injections. The guidelines stated that the injured worker must have a diagnosis of radiculopathy that is corroborated by imaging study and/or electrodiagnostic testing. The EMG was not submitted for review. Therefore, the request is not medically necessary.

One Static And Dynamic Lumbar X-Rays, Modified To One Set Of Static Lumbar X-Rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for 1 static and dynamic lumbar x-ray, modified to 1 set of static lumbar x-ray is non-certified. The document submitted for review is lacking information on medications tried and failed, previous physical therapy sessions with measurable gains and functional improvement documented on those reports. ACOEM recommends lumbar spine x-

rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. The injured worker had no red flags which indicated he was having a serious spinal pathology event. Therefore, the request is not medically necessary.