

Case Number:	CM14-0030100		
Date Assigned:	06/20/2014	Date of Injury:	04/11/1997
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 Interventional Spine 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 patient is a 70-year-old male with date of injury of 04/11/1997. The listed diagnosis per [REDACTED] dated 01/27/2014 are lumbar scoliosis with lateral recess stenosis at L3-L4 and L4-L5, back worse than left leg pain and left hip degenerative joint disease. According to the report, the patient complains of low back pain more than left leg pain. The Medrol Dosepak seems to help. The patient does have degenerative changes in the left hip. The patient has worsening scoliosis. The treater further notes that an MRI study of the lumbar spine confirms mild to moderate central stenosis at L3-L4 with a disk bulge and foraminal narrowing on the right at L4-L5 and a right lateral recess narrowing at L4-L5 with progression of degenerative changes compared to prior imaging in 2005. The patient has a moderate scoliosis with a component convexity towards the left. Upon examination, the patient does have an antalgic gait with some restricted range of motion in the lumbar spine, restriction of the left hip with increased pain with internal rotation. Neurologically, globally intact with patchy sensory changes. Diminished reflexes with vascular examination being normal. The utilization review denied the request on 02/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT SELECTIVE NERVE ROOT BLOCK BILATERAL L3-4, L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Section Page(s): 46-47.

Decision rationale: This patient presents with chronic low back pain and left leg pain. The treater is requesting an outpatient selective nerve root block bilateral at L3-L4 and L4-L5 and L5-S1. The MTUS Guidelines page 46 and 47 on epidural steroid injections state that it is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In addition, no more than 2 nerve root level should be injected using transforaminal blocks. The MRI report dated 01/16/2014 of the lumbar spine shows mild to moderate central canal narrowing due to increased subdural fat at L3-L4. There is foraminal compromise, severe on the right at L4 and L5 and moderate severe on the left with severe right lateral recess narrowing at L5. There is severe foraminal narrowing on the left at L5-S1. The records do not show any recent or prior epidural steroid injections of the lumbar spine and given the patient's left leg symptoms, an ESI may be indicated. However, there is no description of a specific nerve distribution pain, or dermatomal distribution; and examination does not reveal any evidence of radiculopathy such as motor/sensory changes or SLR's that supports a diagnosis of radiculopathy. Finally, the request is for 3 level injection and MTUS only supports 2 or less level injections. The request is not medically necessary.