

Case Number:	CM14-0034410		
Date Assigned:	06/20/2014	Date of Injury:	12/13/2004
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 38-year-old male with a 12/13/04 date of injury, status post spinal fusion L4 through S1 6/24/08, and status post hardware removal L4 through S1 on 1/3/13. At the time (1/13/14) of request for authorization for one (1) Left L3-L4 selective nerve root block, there is documentation of subjective (ongoing low back pain radiating into the left buttock and lower extremity with numbness and tingling along the left buttock, and top of the thigh and leg) and objective (weakness of the left anterior tibialis and positive straight leg raise) findings. An MRI of the lumbar spine (12/30/13) report revealed status post an interval two (2) level lumbar interbody fusion at L4-5 and L5-S1, which appears satisfactory; and no adjacent disc disease or stenosis. The current diagnoses include status post spinal fusion L4 through S1, failed back syndrome, status post hardware removal L4 through S1, and questionable L3-L4 left-sided disc protrusion. The treatment to date includes medication, activity modification, and physical modalities. In addition, the 02/21/14 medical report rationale for selective nerve root block identifies that a selective nerve root block at L3-L4 is indicated to help identify the patient's pain, as the patient has had previous lumbar surgery at L4-S1, is still experiencing radicular pain from a suspected L3-L4 disc, presence of a questionable far lateral extraforaminal disc protrusion at the L3-L4 level, and failure of multi-modal conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LEFT L3-L4 SELECTIVE NERVE ROOT BLOCK: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 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, diagnostic.

Decision rationale: The MTUS/ACOEM Guidelines identify the documentation of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. The Official Disability Guidelines identify the documentation of a condition/diagnosis, with supportive subjective/objective findings as criteria for which a diagnostic epidural steroid injection is indicated. The diagnostic epidural steroid injection is recommended to determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below; to help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies; to help to determine pain generators when there is evidence of multi-level nerve root compression; to help to determine pain generators when clinical findings are consistent with radiculopathy, such as dermatomal distribution, but imaging studies are inconclusive; to help to identify the origin of pain in patients who have had previous spinal surgery. These are the criteria necessary to support the medical necessity of a selective nerve root block. Within the medical information available for review, there is documentation of diagnoses of status post spinal fusion L4 through S1, failed back syndrome, status post hardware removal L4 through S1, and questionable L3-L4 left-sided disc protrusion. In addition, there is documentation of subjective (ongoing low back pain radiating into the left buttock and lower extremity, with numbness and tingling along the left buttock, and top of the thigh and leg) and objective (weakness of the left anterior tibialis) findings of radiculopathy. The MRI of the lumbar spine identifies status post an interval two (2) level lumbar interbody fusion at L4-5 and L5-S1, which appears satisfactory; and no adjacent disc disease or stenosis. A rationale identified that a selective nerve root block at L3-L4 is indicated to help identify the patient's pain as the patient has had previous lumbar surgery at L4-S1, is still experiencing radicular pain from a suspected L3-L4 disc, the presence of a questionable far lateral extraforaminal disc protrusion at the L3-L4 level, and failure of multi-modal conservative treatments. There is documentation of a condition/diagnosis for which a diagnostic epidural steroid injection is indicated to determine the level of radicular pain, in cases where diagnostic imaging is ambiguous; to help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies; to help to determine pain generators when clinical findings are consistent with radiculopathy, but imaging studies are inconclusive; and to help to identify the origin of pain in patients who have had previous spinal surgery. Therefore, based on guidelines and a review of the evidence, the request is medically necessary.