

Case Number:	CM14-0036111		
Date Assigned:	06/23/2014	Date of Injury:	10/02/2013
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/24/2014

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 58-year-old female with a 10/2/13 date of injury. At the time (2/7/14) of the request for authorization for selective nerve root block right L4-L5, L5-S1, there is documentation of subjective (back pain and symptoms running down the extremity) and objective (moderate distress with pain, positive straight leg raise at 45 degrees) findings, imaging findings (MRI lumbar spine (10/25/13) report revealed at the L4-5 level there is no significant disc bulge or protrusion. The central canal and neural foramen bilaterally are normal with no significant narrowing. At the L5-S1 level there is 3 mm symmetrical disc bulge into the central canal and bilateral neural foramen. The central canal and neural foramen bilaterally are normal with no significant narrowing and there is no evidence of nerve root impingement), current diagnoses (lumbago, displacement of intervertebral disc without myelopathy, and sciatica), and treatment to date (medication and physical therapy). There is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions and 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block right L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, (ESIs), page 46. Page(s): 46.

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 diagnoses of lumbago, displacement of intervertebral disc without myelopathy, and sciatica. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities) and no more than two nerve root levels injected one session. However, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, given the documented imaging findings (MRI lumbar spine (10/25/13) report revealed at the L4-5 level there is no significant disc bulge or protrusion. The central canal and neural foramen bilaterally are normal with no significant narrowing. At the L5-S1 level there is 3 mm symmetrical disc bulge into the central canal and bilateral neural foramen. The central canal and neural foramen bilaterally are normal with no significant narrowing and there is no evidence of nerve root impingement), there is no documentation of 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. Therefore, based on guidelines and a review of the evidence, the request for selective nerve root block right L4-L5, L5-S1 is not medically necessary.