

Case Number:	CM14-0040994		
Date Assigned:	06/27/2014	Date of Injury:	01/11/2013
Decision Date:	08/18/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

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 Medicine and is licensed to practice in Texas. 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 44 year old male who sustained an injury to his low back on 01/11/13 due to accidentally slipping on mud, tripped and fell forward, twisting his low back. The injured worker didn't feel much pain at the time, but gradually the pain in the low back progressed, radiating to the right leg and foot area. An initial consultation report dated 11/19/13 noted that the injured worker continued to have low back pain that is achy and stabbing in quality at 6-10/10 on the visual analog scale. It was noted that the injured worker had physical therapy that provided no benefit. MRI of the lumbar spine with and without contrast dated 12/11/13 revealed broad based posterior disc bulge seen without significant central spinal canal stenosis at L4-5; previously noted right foraminal to far lateral disc protrusion has been interval resected; improved, now mild foraminal stenosis seen with surrounding fibrotic material; facet arthrosis and thickened ligamentum flavum present with similar borderline left sided foraminal stenosis. The clinical note dated 02/11/14 reported that the injured worker continued to complain of bilateral low back pain radiating to the right lateral thigh and left lateral radicular pain with numbness/paresthesia. Physical examination noted tenderness to palpation of the right lumbar paraspinal muscles; bilateral lower extremity range of motion restricted in all planes; lumbar range of motion restricted by pain in all planes; sacroiliac provocative maneuvers negative; lumbar facet loading maneuvers positive bilaterally; nerve root tension signs negative bilaterally; straight leg raise positive right, negative left; reflexes 1 and symmetric bilaterally throughout; muscle strength 5/5, except right lower extremity 4/5; decreased sensation at L4-5 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided right L4 selective nerve root block: Upheld

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

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

Decision rationale: The request for a fluoroscopically guided right L4 selective nerve root block is not medically necessary. The previous request was denied on the basis that the clinical information provided for review noted that the injured worker received physical therapy; however, there were no physical therapy notes submitted for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. Other than Ibuprofen, there were no other medications listed as a treatment modality. The Chronic Pain Medical Treatment Guidelines states that the injured worker must be initially unresponsive to conservative treatment (exercise, physical methods, Non-Steroid Anti-Inflammatory Drugs (NSAIDs), and muscle relaxants). Furthermore, a progress report dated 01/14/14 noted that repeat MRI was performed on 12/11/13; however, the official report was not submitted for review. The Chronic Pain Medical Treatment Guidelines also states that 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 6-8 weeks. Given this, the request for a fluoroscopically guided right L4 selective nerve root block is not indicated as medically necessary.