

Case Number:	CM14-0044856		
Date Assigned:	07/02/2014	Date of Injury:	10/07/1981
Decision Date:	08/28/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/11/2014

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 Tennessee. 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 66-year-old male who has submitted a claim for post-laminectomy syndrome, cervicobrachial syndrome, myalgia and myositis, and headache; associated with an industrial injury date of 10/07/1981. Medical records from 2013 to 2014 were reviewed and showed that patient complained of back and hip pain. Physical examination showed lumbosacral tenderness and spasm. Range of motion was limited by pain. Bilateral hyporeflexia was noted in the knees and ankles. Motor testing showed weakness of the right hip abductors. Sensation was decreased over the lateral side of the leg. MRI of the lumbar spine, dated 02/24/2014, showed neural foraminal narrowing at L3 through S1 levels causing impingement of the exiting right and left L3, L4, and L5 nerve roots. Treatment to date has included medications, physical therapy, and anterior C4-C5 and C5-C6 fusion. Utilization review, dated 04/07/2014, denied the request for epidural steroid injection. The reasons for denial were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Selective Nerve Root Block at L3-L4, L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. No more than two nerve root levels should be injected using transforaminal blocks. In this case, the patient complains of neck pain accompanied by radicular symptoms despite medications, physical therapy, and surgery. On physical exam, bilateral lower extremity hyporeflexia and hypoesthesia, and weakness of the right hip abductor were noted. MRI of the lumbar spine, dated 02/24/2014, showed impingement of the exiting L3, L4, and L5 nerve roots. However, the request indicates injections to three nerve root levels, which exceeds guideline recommendations. The criteria for ESI have been met. Therefore, the request for Left Selective Nerve Root Block at L3-L4, L4-L5 and L5-S1 is not medically necessary and appropriate.