

Case Number:	CM14-0048735		
Date Assigned:	07/02/2014	Date of Injury:	02/19/2009
Decision Date:	07/31/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/27/2014

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 61-year-old male with a date of injury of 02/19/2009. The listed diagnosis per the provider is herniated nucleus pulposus of the lumbosacral spine at L3 to S1; rule out left-sided L5 radiculopathy. The earliest progress report provided for review by the provider is from 02/05/2013. This report indicates the patient is experiencing ongoing low back pain which radiates down both lower extremities. The patient continues to rate his pain 6-7/10, but with medication, it is reduced to 2-3/10. There is pain from L3 down to S1 and bilateral spinal musculature as well as mid-spine. Neurovascularly, the patient is intact to both lower extremities and he has a negative straight leg raise bilaterally. The medical file provided for review includes progress reports from 2013 and no updated reports from 2014. The request is for lumbar selective nerve root block bilateral L4-L5, L5-S1 with fluoroscopy. The utilization review denied the request on 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar selective nerve root block (SNRB) bilateral L4-L5, L5-S1 with Fluoroscopy:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: This patient presents with ongoing low back pain which radiates down both lower extremities. The request is for a lumbar selective nerve root block (SNRB) bilateral L4-L5, L5-S1 with fluoroscopy. The medical file provided for review only includes progress reports from 2013. A utilization review discussed a progress report from 02/11/2014 which indicates the patient has significant worsening of his localized low back pain as well as pain to his lower extremities. On examination, the patient had decreased range of motion and decreased sensitivity to both lower extremity extending posterolaterally from his mid-buttock down to his right calf and left heel. There was pain to palpation from L4 down to S1. There was a positive straight leg raise noted at approximately 40 degrees on the left. The MTUS Guidelines has the following regarding epidural steroid injections (ESI) under chronic pain section, recommended ESI as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. In this case, there are no imaging reports or discussion of MRI (magnetic resonance imaging). The MTUS requires MRI finding which must corroborate radiculopathy. As such, the recommendation is for denial.