

Case Number:	CM14-0061114		
Date Assigned:	07/09/2014	Date of Injury:	02/08/1999
Decision Date:	09/05/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational Medicine 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 56-year-old male with a 2/8/99 date of injury and status post partial L5-S1 lumbar laminectomy and laminotomy (undated). At the time (3/18/14) of request for authorization for Selective Nerve Root Block at L3 x 3 Injections, there is documentation of subjective (continued low back pain radiating to the bilateral lower extremities and into the left great toe) and objective (antalgic gait) findings, imaging findings (MRI of the lumbar spine (2/6/14) report revealed L5-S1 severe bilateral foraminal narrowing with potential for impingement of the exiting L5 nerve roots; disc protrusion at L3-4 with mild lateral recess and foraminal narrowing; and disc protrusion at L2-3 with mild central canal stenosis and mild neuroforaminal stenosis), current diagnoses (lumbar post-laminectomy syndrome and L5-S1 spondylosis with radicular pain), and treatment to date (lumbar epidural steroid injection at L5-S1 on 2/19/14 with 60% pain relief for 2 weeks; lumbar epidural steroid injection performed on 3/6/14 at L5-S1 which was helpful for a few hours, medications, and activity modification). In addition, medical report identifies a plan for repeat lumbar epidural steroid injection at the L5 nerve root addressing the L5-S1 level. Furthermore, 4/11/14 request for authorization for medical treatment form identifies a request for selective nerve block at L5 for up to 3 injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block at L3 x 3 Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Hardware Injection (block).

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 epidural steroid injection. In addition, ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Furthermore, ODG identifies that a "series-of-three" injections in either the diagnostic or therapeutic phase is not supported. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome and L5-S1 spondylosis with radicular pain. In addition, there is documentation of a plan to repeat lumbar epidural steroid injection at the L5 nerve root addressing the L5-S1 level, and a request identifying selective nerve block at L5 for up to 3 injections. Furthermore, there is documentation of 2 previous lumbar epidural steroid injections at L5-S1 on 2/19/14 and 3/6/14. However, given documentation of a 3/6/14 epidural steroid injection with an unquantified (pain relief for a few hours) response, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection, as well as decreased need for pain medications, and functional response. In addition, the requested number of injections (3 injections) exceeds guidelines. Furthermore, specifically regarding the selective nerve root block at L3 x 3 injections, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution, imaging findings at the L3 level, and failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Selective Nerve Root Block at L3 x 3 Injections is not medically necessary.