

Case Number:	CM14-0065633		
Date Assigned:	07/11/2014	Date of Injury:	07/30/2007
Decision Date:	08/29/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/08/2014

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, 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 injured worker is a 59-year-old male who reported an injury on 07/30/2007. The mechanism of injury was not provided with the documentation. His diagnoses were noted to be lumbosacral neuritis, disc degeneration, and spinal stenosis. Prior treatments were noted to be epidural steroid injections, physical therapy, chiropractic therapy, and transcutaneous electrical nerve stimulation unit use. The injured worker had diagnostics of an MRI and EMG. The injured worker had prior surgical history of carpal tunnel surgery, cervical fusion, left knee surgery, right knee surgery, and right shoulder surgery. A clinical evaluation on 03/19/2014 noted the injured worker with subjective complaints of pain in the evenings, he stated range of motion was worse and his neck felt heavy. He reported lumbar spine discomfort now a 5/10 which was decreased from previous visit. The physical exam findings included no abnormal curvature of the spine. There was tenderness to palpation over the right lumbar facets, left lumbar facets, right paravertebral lumbar spasm, and left paravertebral lumbar spasm. Right lateral flexion was 20 degrees and left lateral flexion was 20 degrees, flexion was 40 degrees and extension was 15 degrees. Factors of spasm and pain with extension were noted with forward flexion and pain with left lateral bending and right lateral bending. Lumbar pain was increased and range of motion was decreased when spasms were noted. The injured worker was noted to use medications Cymbalta, Senekot, MS-Contin, Naprosyn, Klonopin, baclofen, Ambien, Topamax, Nexium, lisinopril, aspirin, and Symbicort. The treatment plan was to continue medications and use ice and moist heat for pain control. The provider's rationale for the request was not provided within the examination treatment plan. The Request for Authorization Form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve root block at the bilateral L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The request for a nerve root block at bilateral L4 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines indicate an ESI for treatment of radicular pain defined as pain in a dermatomal distribution with cooperative findings of radiculopathy. Criteria includes radiculopathy must be documented by physical examination and cooperated by imaging studies and/or electrodiagnostic testing. In addition, a patient would be unresponsive to conservative treatment such as exercises, physical methods, NSAIDs, and muscle relaxants. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. The documentation submitted for review indicated an EMG on 03/19/2014 noting normal results. Additional documentation would need to be provided to support radiculopathy. The guidelines recommend documenting failure of conservative treatment. As such, the request for nerve root block bilateral L4 is non-certified.