

Case Number:	CM14-0078911		
Date Assigned:	07/18/2014	Date of Injury:	11/12/2010
Decision Date:	08/15/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/29/2014

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 Pain Management 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 49 year old with the injury date of 11/12/10, due to fall. As a result, he sustained injuries to back, bilateral knee, and right ankle. He complains of the contact lower back pain. He walks with a moderate limp which aggravates his back pain. The patient's pain is rated 5-7 out of 10. Progress note dated 5/29/13 indicates that there is pain radiation down lateral side of right lower extremity to ankle, with no tingling / numbness but there is weakness. He also has B/L knee pain. He has had physical therapy for his back. An exam showed no motor weakness or sensory deficit in the lower limbs. He is unable to heel walk on the right MRI of Lumbar Spine showed herniated disc at left L3-4 with narrowing at L4-5. On 4/10/14, he is noted to have pain in the lower back, rated 5-7/10 does not necessarily radiate. It is more central and moves with movements. His current medications include Zoloft, Atenolol, Oxycodone, and Oxycontin. Lumbar spine examination revealed loss of lordosis, spasm, tenderness and restricted motion, pain increase with forward flexion 40 and extension 20 degrees. Motor function was intact with patchy sensory changes and diminished reflexes. Impression was herniated disc at left L3-4 with stenosis, right ankle pain and S/P right TKR. Plan was precision guided injections to the lumbar spine which can be diagnostic and therapeutic, and selective nerve root blocks bilaterally L3-4, L4-5. A previous request for Selective Nerve Root Block, Bilateral L3-4, L4-5 was not certified on 04/30/14 due to lack of medical necessity per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block, Bilateral L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, and on the Non-MTUS AMA Guides 5th Edition, page 385-383: Use of lumbar epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS recommends epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The lumbar spine MRI revealed no evidence of nerve roots compression. There is no Electrodiagnostic evidence of radiculitis. The medical records do not establish unequivocal evidence of radiculopathy; that is radiating pain or paresthesia / numbness in a nerve root distribution. In addition, the medical records do not document conservative measures (i.e. physical therapy with documentation, a course of NSAIDs) trialed to date, and the patient's response. Furthermore, no more than two nerve roots should be injected at the same day. Given these factors, in accordance with the guidelines, the medical necessity of bilateral L3-L4, L4-L5 selective nerve root block has not been established.