

Case Number:	CM14-0092467		
Date Assigned:	07/25/2014	Date of Injury:	09/12/2008
Decision Date:	08/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/18/2014

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 Medicine, and is licensed to practice in New York and Texas. 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 65 year old male who sustained an injury to his low back on 09/12/08 due to cumulative trauma while performing his usual and customary duties as an IT engineer. Clinical note dated 03/27/14 reported that the injured worker was diagnosed with radiculopathy and after a prolonged period of conservative care, including therapies, medications, offloading from work, and injections. The injured worker ultimately underwent lumbar fusion from L4-5 through L5-S1 in July of 2013. The injured worker noted that while some of the symptoms improved, right lower extremity dysesthetic pain along the lateral calf and dorsal foot persisted. MRI of the lumbar spine dated 03/27/13 reportedly revealed severe bilateral neural foraminal narrowing at L5-S1; severe right and moderate right neural foraminal narrowing at L4-5; multilevel degenerative changes. Neurodiagnostic evaluation dated 05/15/14 revealed evidence of a mild, chronic, and stabilized left L5 radiculopathy; otherwise normal. Computed tomography (CT) myelogram of the lumbar spine dated 05/08/14 revealed status post L4-5 and L5-S1 PLIF; no clear evidence of bony union at L4-5; probably early central incorporation across the fusion construct at L5-S1; moderate to severe bilateral neural foraminal stenosis at L4-5 and L5-S1 with borderline exiting bilateral L5 nerve root compression; solid osseous union across the posterior elements at L4 through S1 bilaterally. The most recent clinical note dated 05/09/14 reported that the injured worker continued to have increased pain along the lateral aspect of the right leg. The injured worker was recommended to return to modified duty with no bending, twisting, or turning. He should be allowed to sit and stand at will, avoid turning, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right select nerve root block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for right selective nerve root block is not medically necessary. Level/laterality was not specified in the request. Previous request was denied on the basis that although the injured worker had decreased sensation in the right lower extremity, there was no diagnostic information to determine if this is a peroneal nerve issue or possible L5 radiculopathy. Physical examination findings did not document any loss of strength or deep tendon reflexes to support the request. Also, the treating provider did not specify a specific level the injection was to be administered. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for right selective nerve root block is not indicated as medically necessary.