

Case Number:	CM14-0097269		
Date Assigned:	09/16/2014	Date of Injury:	09/15/2010
Decision Date:	11/20/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/25/2014

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:

This is an addendum review, based on a clarified request. There were 80 pages provided for this review. This was a request for lumbar spine selective nerve root block bilateral L4 and L5 with fluoroscopy. Per the records provided, this 32-year-old man was injured in September 2010 reportedly from repetitive pushing, retrieving and pulling carts. He was diagnosed with lumbar degenerative disc disease and low back pain. An MRI from 2012 showed lumbar degenerative disease. The doctor noted on October 7, 2013 that there was low back pain radiating down both lower extremities. Medications help control about 30% of the pain. Straight leg raise was negative on exam and the lumbar range of motion was slightly decreased. As of November 5, 2013 there was continued low back pain with lower extremity pain and weakness present. There was bilateral extensor hallices longus weakness. Straight leg raise was positive at 60 and there was decreased sensation in the lateral thigh and weakness with left hip extensors. The patient was on OxyContin extended release and that was increased. A QME report from March 28, 2014 indicated that after a second epidural the patient developed severe headaches and had to get a blood patch. He has fears now a separate of epidurals. He also has a major depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Selective Nerve Root Block, bilateral L4-L5 with fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, under Selective or Diagnostic ESI

Decision rationale: The MTUS is silent on selective nerve root blocks. Under ODG, the reader is referred to diagnostic nerve blocks, which notes that diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. They are used when diagnostic imaging is ambiguous, to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; to help to determine pain generators when there is evidence of multi-level nerve root compression; or to help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive. In this case, the MRI was inconclusive, showing degenerative disease, without a clear radicular source, but very clear signs of radiculopathy on the physical examination. This is one of the prime reasons for doing a selective nerve block--to accurately determine the prime pain generator. It does appear the patient meets criteria for this kind of block, and the request is medically necessary and appropriate.