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| Case Number: | CM14-0186942 | | |
| Date Assigned: | 11/17/2014 | Date of Injury: | 05/01/1998 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 Internal Medicine and is licensed to practice in Maryland. 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 64 year old female was injured while working on 05/01/1998. She complained of low back pain and lower leg pain. On the 09/03/2014 office visit, the physician noted the injured workers pain improved with previous lumbar epidural steroid injections. On examination she was noted to have increased pain in low back and leg with radiculopathy, neck pain with spasms and trigger points, negative straight leg raise test bilaterally, negative Fabers test and an OK heel to toe walking. Her diagnoses were Chronic Lumbago, Chronic Lumbar/Lumbosacral Disc Degeneration and Chronic Pain in Limb. Plan of care included oral medication and a surgical consult. Documentation stated the injured worker had an MRI; however no evidence of same was submitted for review. On physician visit dated 10/09/2014 she continued to complain of pain and was diagnosed with Lumbar Syndrome and will undergo a right sided L5 diagnostic selected nerve root block due to borderline stenosis. The injured worker underwent the right sided L5 diagnostic selected nerve root block on 11/03/2014 without complications. This Utilization Review dated 10/22/2014 non-certified right diagnostic select nerve root block at L5 as not medically necessary. The reviewing physician referred to MTUS ACOEM Guidelines, Chapter 12 Low Back Pain and ODG Low Back (Lumbar & Thoracic) (Acute a& Chronic).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right diagnostic select nerve root block at L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, lumbar and thoracic, Epidural Steroid Injections, Diagnostic

Decision rationale: The employee was seen on 09/03/14. Her original injury was in her back when she lifted a case of beer while working. MRI of her lumbar spine showed DDD and facet OA with spinal stenosis at L4-5. Her overall pain level and frequency had improved since getting her previous LESI at L3-4, but her radiculopathy symptoms had gotten unbearable. Pertinent examination findings included spasms of lumbar spine, pain on facet loading and flexion without weakness in legs. He also had negative SLR and negative heel and toe walking. Reflexes and motor strength were normal. Diagnoses included lumbago, lumbar/lumbosacral disc degeneration and pain in limb. In her note from October 2014, she was noted to have right sided leg radiculopathy pain. Her sensation, motor and reflexes were intact. An MRI showed borderline foraminal stenosis. The provider suggested right sided L5 diagnostic SNRB due to the borderline stenosis. According to Official Disability Guidelines, diagnostic SNRB are recommended to determine the level of radicular pain in cases where diagnostic imaging is ambiguous, to help evaluate a radicular pain generator when signs and symptoms differ from that found on imaging and to help determine pain generators when clinical findings are consistent with radiculopathy, but imaging studies are inconclusive. The employee had ESI at L3-4 with some relief of pain, but continued with radicular symptoms. She had borderline foraminal stenosis in imaging. Given the significant radicular symptoms without significant signs, a diagnostic selective nerve root block is appropriate and medically necessary.