

Case Number:	CM14-0207818		
Date Assigned:	12/19/2014	Date of Injury:	03/04/1980
Decision Date:	02/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 a 73-year-old male with a 3/4/1980 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 11/24/14 noted subjective complaints of low back pain with radiation to the right leg. Objective findings included antalgic gait and facet tenderness at L3-S1 on the right. It also demonstrated L4-5 RLE sensory deficits. A prior ESI on 4/21/14 provided 50% pain relief for 1 week. An MRI lumbar spine dated 6/23/14 demonstrated moderate central canal stenosis at L3-4 and L4-5 as well as neural foraminal stenosis. Diagnostic Impression: lumbar spinal stenosis Treatment to Date: medication management, prior lumbar ESIA UR decision dated 12/4/14 denied the request for right lumbar selective nerve root block. Documentation identified the patient reportedly had a SNRB ON 4/21/14 with greater than 50% relief, but only for 1 week. Also, there are no objective findings of improvement, decrease in medication, or improved function documented with prior SNRB's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar selective nerve root block: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. There is MRI evidence of central canal stenosis as well as neural foraminal stenosis. Additionally, there is some objective physical exam evidence of dermatomal sensory deficits. However, the prior lumbar ESI only yielded greater than 50% pain relief for 1 week. Guidelines do not recommend proceeding with repeat blocks in this situation. Therefore, the request for right lumbar selective nerve root block is not medically necessary.