

Case Number:	CM14-0051283		
Date Assigned:	06/23/2014	Date of Injury:	11/07/2012
Decision Date:	01/22/2015	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 56 year old female was injured in a slip and fall on 11/7/12, sustaining injury to the neck and back. Evaluation, dated 12/19/13, indicated that the injured worker complained of cervical and lumbar pain. She had sessions of acupuncture, physical therapy, medications and creams which were helpful in relieving pain. Physical exam revealed decreased range of motion of the cervical spine in all planes with radiculopathy from C5; decreased range of motion of the lumbar spine in all planes with positive straight leg raise test at L5-S1. Her diagnoses at that time included cervical and lumbar spine degenerative disc disease. On 2/17/14 she had electromyography and nerve conduction studies of the bilateral upper and lower extremities. The electromyography of the upper extremities was normal and the nerve conduction studies demonstrated severe right carpal tunnel syndrome and minimal to mild left carpal tunnel syndrome. The lower extremity studies demonstrated normal nerve conduction and abnormal electromyography suggesting bilateral chronic active L5 radiculopathy. She has had acupuncture from 2013 through 4/14/14 with systematic complaints of tenderness on palpation with muscle spasms and numbness of lumbar area and pain intensity of 6/10. It was documented in acupuncture notes that the injured worker is improved but having slower than expected progress. There is no documentation of number of physical therapy sessions. MRI of the lumbar spine indicated a 2 millimeter (mm) herniated nucleus pulposus L3 through S1 nerve distribution. Urine toxicology report indicated presence of Sertraline and Norsertaline. The diagnoses included cervical and lumbar spinal stenosis and bilateral lumbar radiculitis at L5. As of 6/3/14 her symptoms are unchanged and continued with sharp lumbosacral pain with radiation and tingling to the thoracic spine. She is on light duty with restrictions of lifting no more than 15 pounds. On 3/11/14 Utilization Review non-certified the request for spinal nerve root block injection at the left L4-S1 based on lack of documentation of diagnostic study corroborating the

presence of lumbar radiculopathy (per Utilization Review). ACOEM, OMOG Low Back were the guidelines referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal nerve root block injection at the left L4-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section/Selective Spinal Nerve Root/ Epidural Steroid Injection

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, spinal nerve root block injection at L4 - S1 is not medically necessary. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve blocks. They are used to determine the level of radicular pain, in cases where diagnostic imaging is ambiguous. For additional details see the ODG. The ACOEM, Low Back Chapter, Chapter 12, page 300 states "invasive techniques are questionable merit". In this case, the working diagnoses are herniated disc lumbar spine; lumbar spine spinal stenosis; lumbago (pain and lumbar spine); sciatica; and lumbar facet arthropathy. Neurologic evaluation showed normal sensation and normal motor function. There were some weakness detected (three out of five) in the hip flexors and expenses on the left. Electrodiagnostic studies were (to rule out radiculopathy) performed. The conclusion was right carpal tunnel syndrome and minimal to mild left carpal syndrome; normal EMG. There was no evidence of radiculopathy present. There were no objective signs of radiculopathy and no confirmatory signs of radiculopathy on electrodiagnostic studies. Consequently, spinal nerve root block injection at L4 - S1 is not medically necessary.