

Case Number:	CM15-0132591		
Date Assigned:	07/20/2015	Date of Injury:	07/13/2003
Decision Date:	08/20/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male who sustained an industrial /work injury on 7/13/03. He reported an initial complaint of back pain. The injured worker was diagnosed as having degenerative spondylosis L4-5 with severe degenerative disc disease L3-4. Treatment to date includes medication, and surgery (L3-S1 laminectomy and L4-5 posterior fusion with instrumentation). CT scan results reported on 6/3/15 revealed s/p laminectomy from L3-S1, there is posterior bony fusion and instrumentation at L4-5, 12 mm centrally extruded disc at the level of L2-3 causing severe spinal stenosis, grade 1 anterolisthesis at L4-5, multilevel degenerative disc disease. Currently, the injured worker complained of intermittent pain in the right thigh. Per the primary physician's report (PR-2) on 6/4/15, there was decreased range of motion. Results of testing were done and recommendations made. The requested treatments include (4 Bilateral L2, L3 selective nerve block with anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2,L3 selective nerve block with anesthesia qty:4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural Steroid injections.

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

Decision rationale: The patient presents with diagnoses of degenerative spondylosis L4-L5 with severe degenerative disc disease L3-4. The patient has a surgical history of a L3-S1 laminectomy and L4-5 posterior fusion with instrumentation. A recent CT scan revealed s/p laminectomy from L3-S1, there is posterior bony fusion and instrumentation at L4-5, 12 mm centrally extruded disc at the level of L2-3 causing severe spinal stenosis, grade 1 anterolisthesis at L4-5, multilevel degenerative disc disease. The patient currently complains of intermittent pain in the right thigh. The current request is for Bilateral L2, L3 selective nerve block with anesthesia qty: 4.00. The treating physician states on 6/4/15 (40B) "I am going to recommend a transforaminal nerve block because of the increasing numbness and increasing pain. I am going to try bilateral at the L2-3 level to see if will give him some relief." MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the clinical history provided for review documents that there were multiple complaints of signs and symptoms of radiculopathy to correlate with nerve root compression found on the diagnostic study. However, the current request is for a quantity of 4. When addressing quantity of blocks, MTUS notes, "if used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. We recommend no more than 2." Therefore, while 1 or 2 blocks may be consistent with guidelines a quantity of 4 is not. The current request is not medically necessary.