

Case Number:	CM15-0148788		
Date Assigned:	08/12/2015	Date of Injury:	01/21/2010
Decision Date:	09/15/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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

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 60-year-old male who sustained an industrial injury on January 21, 2010. A recent primary treating office visit dated June 25, 2015 reported severe left leg pain. He states it's just getting progressively worse. He was administered an injection of Toradol and prescribed Prednisone. There is recommendation for a course of physical therapy along with mention of a future selective nerve block as we have tried in the past. He was prescribed a selective nerve block on June 25, 2015. A magnetic resonance imaging study done on October 27, 2015 showed L2-3 posterior ligamentous hypertrophic changes; L3-4 moderate posterior ligamentous hypertrophy changes with disc protrusion; L4-5 disc space narrowing, and L5-S1 previous side laminectomy along with a disc complex that seems to extend into both neural foraminal exit zones.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block injection under fluoroscopy at right L3-L4 and L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The patient presents with low back pain radiating to lower extremity. He is having severe LEFT leg pain. The request is for SELECTIVE NERVE ROOT BLOCK INJECTION UNDER FLUOROSCOPY AT RIGHT L3-L4 AND L4-L5. The request for authorization is dated 06/30/15. MRI of the lumbar spine, 10/27/14, shows L3-4 - moderate posterior ligamentous hypertrophic changes are noted; there is a 2-3 mm disc protrusion which is seen to extend into both neural foraminal exit zones; moderate bilateral neural foraminal exit zone compromise is seen with borderline spinal stenosis; L4-5 - disc space narrowing is present; the patient has undergone wide laminectomy at this level; loss of disc space height is seen; there is hypertrophy of the posterior inferior endplate of L4; there is a 3-4 mm disc protrusion extending into both neural foraminal exit zones; moderate bilateral neural foraminal exit zone compromise is seen without spinal stenosis. Physical examination reveals he has positive straight leg raise. The patient's work status is not provided. MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series of three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. For repeat ESI, MTUS states, "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." ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Epidural steroid injections (ESIs), therapeutic Section states, "Recommended as a possible option for short-term treatment of radicular pain. Therapeutic phase: If after the initial block/blocks are given (see 'Diagnostic Phase' above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported." Per progress report dated 06/25/15, the treater's reason for the request is "It is just getting progressive worse." Physical examination reveals he has positive straight leg raise. In this case, radiculopathy is documented with dermatomal distribution of pain along with physical examination findings corroborated by imaging studies. However, the patient is having severe LEFT leg pain, but the treater is requesting an injection to the RIGHT side. Additionally, it appears the patient has had previous nerve root blocks. Per agreed medical re-examination dated 10/24/11, examiner notes, "On 7/6/11, patient was examined, with subjective complaints of good relief from nerve block. Patient has relief of better than 90% with the nerve block." But review of provided medical records show no discussion or documentation on how long the pain relief lasted. For repeat blocks, ODG requires pain relief for at least 6-8 weeks. The request does not meet guidelines indication. Therefore, the request is not medically necessary.

Physical therapy for the lumbar spine 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The patient presents with low back pain radiating to lower extremity. He is having severe LEFT leg pain. The request is for PHYSICAL THERAPY FOR THE LUMBAR SPINE 3 TIMES A WEEK FOR 4 WEEKS. The request for authorization is dated 06/30/15. MRI of the lumbar spine, 10/27/14, shows L3-4 - moderate posterior ligamentous hypertrophic changes are noted; there is a 2-3 mm disc protrusion which is seen to extend into both neural foraminal exit zones; moderate bilateral neural foraminal exit zone compromise is seen with borderline spinal stenosis; L4-5 - disc space narrowing is present; the patient has undergone wide laminectomy at this level; loss of disc space height is seen; there is hypertrophy of the posterior inferior endplate of L4; there is a 3-4 mm disc protrusion extending into both neural foraminal exit zones; moderate bilateral neural foraminal exit zone compromise is seen without spinal stenosis. Physical examination reveals he has positive straight leg raise. The patient's work status is not provided. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 06/25/15, treater's reason for the request is "for modalities, stretching to help him." Given the patient's condition, a short course of physical therapy would be indicated. Review of provided medical records show no evidence of prior sessions of physical therapy. However, the request for 12 sessions of physical therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.