

Case Number:	CM15-0161698		
Date Assigned:	08/27/2015	Date of Injury:	02/21/2013
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on 2-21-13. She has reported initial complaints of pain in the low back, hands and knees after tripping and falling. The diagnoses have included lumbago, lumbar radiculitis and thoracic radiculitis. Treatment to date has included medications, activity and work modifications, diagnostics, consultations, nerve root epidural steroid injection (ESI), physical therapy and other modalities. Currently, as per the physician progress note dated 4-29-15, the injured worker complains of lumbar spine pain rated 7 out of 10 on pain scale that radiates to both legs with numbness in both feet. The current medications included Cyclobenzaprine, Hydrocodone-Acetaminophen and Orphenadrine. The objective findings-physical exam reveals normal findings. There is no significant or abnormal findings noted. The progress note evaluation dated 4-8-15, the physical findings reveal that lumbar range of motion with flexion is 70 degrees with midline pain L4-5, extension is 20 degrees, right and left lateral bending is 30 degrees and right and left rotation is 20 degrees. There is lumbar tenderness L4-5, and there is positive straight leg raise on the right to 90 degrees with reproduction of right anterior thigh pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine that the physician notes reveal disc bulge, broad posterior protrusion, facet hypertrophy and bilateral neuroforaminal narrowing. There was also neuroforaminal stenosis at l4-5 causing impingement on the exiting L4 nerve root. The diagnostic report was not noted in the records. The previous therapy sessions were noted. The physician requested treatment included bilateral selective Nerve Root Block at L4 and L5 under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral selective Nerve Root Block at L4 and L5 under fluoroscopy guidance: 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 Criteria for the use of Epidural steroid injections, p 46 Page(s): 46.

Decision rationale: The claimant sustained a work injury in February 2013 and is being treated for low back pain with bilateral lower extremity radicular symptoms. An MRI scan is referenced as showing disc bulging and facet arthropathy at L4-5 with mild to moderate bilateral foraminal narrowing. In April 2015 there was a normal neurological examination. Bilateral epidural injections were planned and were done on 05/22/15. In follow-up on 07/24/15 pain was rated at 7/10. The injections are referenced as having provided good relief for about six weeks. Physical examination findings included pain with spinal flexion and lumbar spinous process tenderness. There was a normal neurological examination. A second injection is being requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Although selective nerve-root blocks which are diagnostic injections are being requested, the prior injection was performed as a transforaminal epidural steroid injection. In this case, there have been no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. The injection done in May 2015 was not medical necessity and a repeat injection is also not medically necessary.