

Case Number:	CM15-0166771		
Date Assigned:	09/04/2015	Date of Injury:	03/08/2012
Decision Date:	10/09/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 40-year-old male who sustained an industrial injury on 3-8-12. Diagnoses are lumbar herniated nucleus pulposus, lumbago, depressive disorder, and lumbar-lumbosacral disc degeneration. In a progress report dated 7-28-15, the primary treating physician notes the injured worker reports that 3 weeks ago, his left leg gave out and he caught himself with his right arm. Since then, he has been complaining of right sided neck pain and shoulder pain radiating down his arm, including constant numbness and tingling. He was seen in urgent care and chiropractic treatment was recommended. He had a couple of sessions without benefit. He was then seen in the emergency room due to severe pain and was given a pain injection. Exam of the cervical spine reveals paraspinous spasms and tenderness and absent sensation circumferentially about the hand. The lumbar spine exam reveals a positive straight leg raise test and left to 70 degrees, absent left achilles reflex, and absent sensation of the lateral border of the left foot. The treatment plan is an MRI of his neck as he has signs and symptoms of a large disc herniation. He is currently scheduled to have an epidural injection of the lumbar spine and the physician wishes to defer surgical treatment until it is seen how he responds to the injection. Work status is to remain off work 6 weeks. A 7-28-15 pain management consultation notes he has undergone an anterior-posterior decompression and fusion at L4-L5. The right pedicle screw is entering the facet joint and there is no evidence of complete fusion at this level. Electrodiagnostic testing shows evidence of S1 radiculopathy. He has significantly reduced range of motion and an antalgic gait. The left lower extremity pain corresponds to the L5 dermatome. He underwent lumbar epidural steroid injections prior to surgery, but has not had any since. The requested treatment is left L4 and L5 nerve block with sedation injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 and L5 nerve block with sedation injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) 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. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). 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. Per progress report dated 7/28/15, deep tendon reflexes were 2/4 at the bilateral patellar and achilles tendons. Motor strength was 5/5 throughout the bilateral lower extremities. Sensory examination demonstrated pain corresponding to the left L5 dermatome; otherwise sensation was intact and symmetrical throughout the bilateral lower extremities. MRI of the lumbar spine dated 7/2/14 revealed at L4-L5 and L5-S1 degenerative disc disease with the most significant disease at the level of L4-L5. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criterion is not met, the request is not medically necessary.