

Case Number:	CM15-0181961		
Date Assigned:	09/23/2015	Date of Injury:	09/22/2013
Decision Date:	10/27/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/15/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 33 year old male who sustained an injury on 9-22-13. Diagnoses include lumbar radiculitis; lumbar degenerative disc disease; lumbar facet arthropathy and myofascial pain syndrome. On 3-17-15 lumbar transforaminal epidural steroid injection at L5-S1, L4-5 on the right with fluoroscopy was given and the follow up examination on 4-3-15 reports the IW has lower back pain that radiates to right lower extremities with occasional numbness and tingling. There is tenderness overlying the lumbar paravertebral muscles and posterior superior iliac spine; intact light touch and pinprick bilateral lower extremity with exception of the right L5 dermatome. Medication included a trial of Tramadol 50 mg as needed for pain and symptoms remained the same on 5-5-15 and 6-4-15. The MRI lumbar spine performed on 8-20-15 reveals L3-4 moderate to severe multifactorial central canal stenosis; L4-5 irregular disc osteophyte complex with biforaminal extension and significant central canal or neuroforaminal compromise. The progress report on 8-24-15 indicates low back pain radiating to right lower extremities associated with numbness and tingling and the pain has been getting worse. He had selective nerve root block injection on and the records state had great relief. His gait was non antalgic and he cannot heel walk on the right side. The plan was to hold anti-inflammatories for 5 days prior to injections; Norco as needed and off work until selective nerve root block injection was given. Current requested treatments: selective nerve root block injection right lumbar L3; L4 in office quantity 1.

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, Right Lumbar L3, (in office), Qty 1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Selective nerve root block right lumbar L3 (in office) is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks . . . etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar radiculitis; lumbar degenerative disc disease; lumbar facet arthropathy; and myofascial pain syndrome. The date of injury is September 22, 2013. Request for authorization is August 26, 2015. According to an August 24, 2015 progress note, subjective complaints include ongoing low back pain with radiation to the right lower extremity with numbness and tingling. The injured worker had a selective nerve block on December 22, 2015 (level not identify) with good relief. Objectively, there is tenderness to palpation over the lumbar spine, positive straight leg raising and intact touch and pinprick except for L5. MRI lumbar spine performed August 20, 2015 showed a relatively narrow central neural canal congenitally, which when combined with acquired degenerative spondylitis changes there appears to be central canal stenosis L2 - L4 and L5 - S1. There is a superimposed left sided HNP at L3 - L4. There is no objective radiculopathy documented at the right L3 lumbar dermatome. Additionally, there is no MRI evidence showing right-sided involvement of the lumbar nerve roots. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no objective evidence of radiculopathy involving the L3 dermatome and no MRI evidence showing right-sided involvement of the lumbar roots, selective nerve root block right lumbar L3 (in office) is not medically necessary.

Selective Nerve Root Block Injection, Right Lumbar L4, (in office), Qty 1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Selective nerve root block right lumbar L4 (in office) is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks . . . etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar radiculitis; lumbar degenerative disc disease; lumbar facet arthropathy; and myofascial pain syndrome. The date of injury is September 22, 2013. Request for authorization is August 26, 2015. According to an August 24, 2015 progress note, subjective complaints include ongoing low back pain with radiation to the right lower extremity with numbness and tingling. The injured worker had a selective nerve block on December 22, 2015 (level not identify) with good relief. Objectively, there is tenderness to palpation over the lumbar spine, positive straight leg raising and intact touch and pinprick except for L5. MRI lumbar spine performed August 20, 2015 showed a relatively narrow central neural canal congenitally, which when combined with acquired degenerative spondylitis changes there appears to be central canal stenosis L2 - L4 and L5 - S1. There is a superimposed left sided HNP at L3 - L4. There is no objective radiculopathy documented at the right L4 lumbar dermatome. Additionally, there is no MRI evidence showing right-sided involvement of the lumbar nerve roots. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no objective evidence of radiculopathy involving the L4 dermatome and no MRI evidence showing right-sided involvement of the lumbar roots, selective nerve root block right lumbar L4 (in office) is not medically necessary.