

Case Number:	CM15-0182468		
Date Assigned:	09/23/2015	Date of Injury:	05/08/2001
Decision Date:	10/28/2015	UR Denial Date:	09/07/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 44 year old male with a date of injury on 5-8-01. A review of medical records indicates that the injured worker is undergoing treatment for chronic low back pain. On 5-19-15, the injured worker reported constant worsening lower left side back pain associated with numbness, tingling and weakness in the legs. The pain is rated 8 out of 10. A referral was made to a neurosurgeon for evaluation of sciatica, facet joint arthritis and question injection facet joints. Medical records dated 8-25-15 indicate ongoing and increasing left lower back pain with radiation down the lateral calf and into the foot. Physical exam reveals pelvic tilt with the right side lower than the left, pain with extension and rotation at the lumbar spine and tenderness to palpation over the left lower lumbar facet joints and over the trochanteric bursa on the hip. The recommendation was made for a left L4 selective nerve block to diagnose and treat. On 8-31-15, the injured worker reported his pain level as 7 out of 10. Most recent MRI done on 1-6-15 reveals at L4-L5 a small left paracentral annular defect with subligamentous disc protrusion and heavy facet arthropathy at multiple levels, greatest at L5-S1 and greater on the left side. According to the medical records, failed conservative treatments include medication, physical therapy, chiropractic, occupational therapy, ice, heat and stretching. He had previous back surgery about 15 years ago with complete recovery of radiating pain. Request for authorization was made on 8-31-15 for one left L4 selective nerve root block. Utilization review dated 9-7-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 selective nerve root block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, Selective ESI or diagnostic block.

Decision rationale: Key case observations are as follows. The claimant was injured in 2001 with chronic low back pain. As of May, there was worsening lower left side back pain associated with numbness, tingling and weakness in the legs. Physical exam showed a pelvic tilt with the right side lower than the left, pain with extension and rotation at the lumbar spine and tenderness to palpation over the left lower lumbar facet joints and over the trochanteric bursa on the hip. The recommendation was made for a left L4 selective nerve block. The MTUS is silent on selective nerve root blocks. Under ODG, the reader is referred to diagnostic nerve blocks, which notes that diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. They are used when diagnostic imaging is ambiguous, to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; to help to determine pain generators when there is evidence of multi-level nerve root compression; or to help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive. In this case, there were clear signs of radiculopathy on the physical examination. As the radiculopathy source is clear, the rationale for a selective block is not clear. The request is not medically necessary.