

Case Number:	CM15-0196639		
Date Assigned:	10/12/2015	Date of Injury:	09/20/2010
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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:

This 77 year old male sustained an industrial injury on 8-20-10. Documentation indicated that the injured worker was receiving treatment for lumbar stenosis with radiculopathy. Previous treatment included physical therapy, epidural steroid injections and medications. In an orthopedic evaluation dated 7-29-15, the injured worker complained of left lumbar spine pain rated 8 out of 10 on the visual analog scale. The physician stated that the injured worker had "significant benefit" from left L3 and L4 nerve root injections performed on 1-7-15. Over the last "several months", the injured worker's left lumbar pain had returned. The physician noted that the injured worker had an extensive spinal history in 1970 and 2009 with lumbar laminectomy. Over the last several years, the injured worker had had difficulty walking with increasing left leg pain. The physician stated that magnetic resonance imaging lumbar spine (10- 13-13) showed moderate neuroforaminal stenosis, worse at L3-4 with Modic type changes. X- Rays lumbar spine (3-3-15) showed multilevel degenerative disc disease with retrolisthesis. Physical exam was remarkable for lumbar spine with "normal" inspection; range of motion and stability and left tibialis anterior motor strength 4- out of 5. The physician recommended lumbar fusion at L3-4. The injured worker wanted to think about surgery and was requesting another left L3-4 nerve root block. The treatment plan included requesting authorization for left L3 and L4 nerve root injections. On 9-10-15, Utilization Review noncertified a request for left L3 and L4 nerve root injections per 7-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3 and L4 nerve root injections per 07/29/15 order: Upheld

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

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

Decision rationale: The current request is for left L3 and L4 nerve root injections per 07/29/15 order. Previous treatment included physical therapy, epidural steroid injections and medications. MTUS, page 46, Epidural steroid injections (ESIs) Section states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" 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." Per report 07/29/15, the patient presents with chronic low back pain, with increasing pain over the left anterior aspect of the leg going down the front of this leg. Examination revealed, "Inspection, range of motion, and stability of the bilateral lower extremities are normal. On manual muscle testing, his left tibialis anterior is 4-/5." The treater reviewed an MRI report from 10/03/13, which showed at L3-4 "several bilateral neuroforaminal stenosis." The treater recommended lumbar surgery. The patient would like to try another injection before seriously considering surgery. The treater states that the patient had a previous nerve root injection on 01/07/15, which "gave him significant benefit," and a repeat injection was requested. In this case, there is no physical examination findings that suggest radiculopathy. MTUS states "Radiculopathy must be documented by physical examination and corroborated by imaging studies." Furthermore, repeat injections are supported when there is documentation of at least 50% pain relief with reduction of medication use for at least 6-8 weeks. Such improvements were not provided following the injection from 01/07/15. This patient does not meet the criteria, set forth by MTUS, for a repeat injection. Therefore, this request IS NOT medically necessary.