

Case Number:	CM15-0020084		
Date Assigned:	02/09/2015	Date of Injury:	04/08/2003
Decision Date:	03/26/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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 (IW) is a female who sustained an industrial injury on to the lumbar spine on 04/08/2003. She has reported neck pain radiating to the shoulder and arm. Diagnoses include lumbar disk protrusion, foraminal stenosis at L2-3 and L3-4, left leg radiculopathy, cervical spondylosis at C3-4, C4-5, C5-6, and C 6-7, right upper extremity cervical radiculopathy. Prior treatments are not described in the provided medical records. A progress notes from the treating provider dated 11/12/2014 documents the IW has tenderness to palpation of the neck and restricted range of motion. She has a positive impingement with rotation and extension to the right creating numbness and pain in the right thumb and index finger. There are no frank motor deficits in the upper extremities. A MRI of 11/10/2014 shows L4-S1 fusion and degenerative spondylosis throughout the lumbar spine, most prominent at L2-3 level. Treatment plan includes scheduling a lumbar intraforaminal nerve block at L2-L3 and L3-L4 with sedation as an outpatient. On 01/28/2015 Utilization Review non-certified a request for one lumbar intraforaminal nerve block at L2-L3 and L3-L4 with sedation as an outpatient based on a lack of clinical examination and rationale in provider notes. The MTUS, ACOEM were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar intraforaminal nerve block at L2-L3 and L3-L4 with sedation as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Low back section, Epidural steroid injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one lumbar intra-foraminal nerve block at L2-L3 and L3-L4 with sedation is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are numerators 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, nonsteroidal anti-inflammatory's and muscle relaxants); etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar disc protrusion; foraminal stenosis at L2-L3, L3-L4; left leg radiculopathy; cervical spondylosis at C3-C4, C4-C5, C5-C6 and C6-C7; and right upper extremity cervical radiculopathy. Subjectively, the injured worker complains of low back pain that radiates down the left leg. Objectively, there is no objective evidence of radiculopathy. MRI results were L4-S1 fusion; and degenerative spondylosis throughout the lumbar spine. There are no imaging studies or electrodiagnostic studies to corroborate radiculopathy. Consequently, absent clinical documentation to meet the criteria for epidural steroid injections, one lumbar intra-foraminal nerve block at L2-L3 and L3-L4 are not medically necessary.