

Case Number:	CM15-0029657		
Date Assigned:	02/23/2015	Date of Injury:	04/11/2014
Decision Date:	04/08/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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:

The injured worker is a 40 year old male, who sustained an industrial injury on 4/11/14. He has reported back and left hip injury. The diagnoses have included lumbar radiculitis, lumbar sprain/strain, insomnia, sleep disturbance and depression. Treatment to date has included pain medication, physical therapy percutaneous spinal nerve root injection at left L4, L5 and S1 levels and home exercise program. (MRI) magnetic resonance imaging of lumbar spine revealed multi-level disc disease with broad-based disc protrusions resulting in neural foramen narrowing with encroachment on the exiting nerve roots, straightening of the lumbar lordosis and disc desiccation at L4-5 and L5-S1 with reduced disc height at L5-S1. Currently, the injured worker complains of moderate sharp, stabbing intermittent low back pain radiating to left buttock. He also complains of loss of sleep and depression due to pain. Progress report dated 1/15/15 noted tenderness to palpation of the bilateral SI joints, L3-S1 spinous processes and lumbar paravertebral muscles also muscle spasm of the lumbar paravertebral muscles. On 1/27/15 Utilization Review non-certified percutaneous spinal nerve root injection at left L4, L5 and S1 levels, noting the lack of injured worker failing conservative care. The MTUS, ACOEM Guidelines, was cited. On 2/11/15, the injured worker submitted an application for IMR for review of percutaneous spinal nerve root injection at left L4, L5 and S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous spinal nerve root injection at left L4, L5 and S1 levels: Upheld

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

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3036519> Percutaneous Treatment of Intervertebral Disc Herniation Xavier Buy, M.D. and Afshin Gangi, M.D., Ph.D. Semin Intervent Radiol. Jun 2010;27(2): 148-159.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with low back pain radiating to left buttock. The request is for PERCUTANEOUS SPINAL NERVE ROOT INJECTION OF LEFT L4, L5 AND S1 LEVEL. The request for authorization was not provided. MRI of the lumbar spine 07/21/14 shows the L4-L5 and L5-S1 intervertebral discs are desiccation and the L5-S1 disc is reduced in height, L4-L5 mild to moderate left foraminal narrowing with encroachment of the left descending nerve root, L5-S1 moderate narrowing of the left neural foramen with encroachment of the left exiting nerve root. Patient's range of motion are decreased and painful. Patient has muscle spasm of the lumbar paravertebral muscles. The patient complains of loss of sleep and depression due to pain. Patient is not working. MTUS page 46,47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Treater has not provided reason for the request. In this case, review of medical records does not document patient has radicular symptoms. Without radicular symptoms, one cannot have a diagnosis of radiculopathy required for trial of a nerve root injection. Furthermore, MTUS does not support injections at more than two levels for transforaminal approach. The request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.