

Case Number:	CM15-0210225		
Date Assigned:	10/29/2015	Date of Injury:	11/13/1996
Decision Date:	12/11/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/26/2015

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 67 year old male, who sustained an industrial injury on 11-13-1996. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain and lumbar radiculopathy. Medical records (03-30-2015 to 10-02-2015) indicate ongoing constant low back pain with shooting pain, numbness and tingling in the left lower extremity. Pain levels were rated 7-9 out of 10 in severity on a visual analog scale (VAS). Records also indicate previously improved pain and function, but now worsening physical functioning. The IW's work or disability status was not specified. The physical exam, dated 10-02-2015, revealed an antalgic gait with use of cane, painful and restricted range of motion in the lumbar spine, and tenderness and spasms upon palpation over the L3, L4, L5, sacrum and foot. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications. No diagnostic testing was available for review. The request for authorization (10-05-2015) shows that the following treatment was requested: Lumbar selective nerve root injection L4-5 and L5-S1. The original utilization review (10-08-2015) non-certified the request for Lumbar selective nerve root injection L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar selective nerve root injection L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 09/22/2015) Epidural steroid injections.

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

Decision rationale: The patient presents on 10/02/15 with lumbar spine pain rated 9/10 which radiates into the left posterior thigh and calf. The patient's date of injury is 11/13/96. The request is for LUMBAR SELECTIVE NERVE ROOT INJECTION L4-5 AND L5-S1. The RFA is dated 10/05/15. Physical examination dated 10/02/15 reveals that the patient ambulates with a limp, notes unspecified scars on the lower back, tenderness to palpation and spasm at L3-L5 levels, sacrum, and foot (unspecified). Neurological examination notes that sensation is grossly intact in the bilateral lower extremities. The patient is currently prescribed Norco, Gabapentin, and Flexeril. Patient's current work status is not provided. Official Disability Guidelines, Epidural steroid injections, diagnostic has the following: Recommended in selected cases as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed, in part, as a diagnostic technique to determine the level of radicular pain. The role of these blocks has narrowed with the advent of MRIs. Few studies are available to evaluate diagnostic accuracy or post-surgery outcome based on the procedure and there is no gold standard for diagnosis. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. Indications for diagnostic epidural steroid injections: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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." In this case, the treater is requesting a selective nerve root block (AKA diagnostic ESI) for this patient's lower back pain with a radicular component. There is no evidence in the records provided that this patient has undergone any nerve root blocks or ESIs to date. Per progress note dated 10/02/15, the provider documents subjective complaints of lower back pain which radiates into the left lower extremity. The physical examination findings of this progress report specifically indicate that the all of the lower extremity dermatomes are neurologically intact; including the L4-L5 and L5-S1 distributions. No diagnostic MRI imaging was included or discussed, so it is unclear why the provider would request a selective nerve root block without ambiguous MRI findings. For selective nerve root blocks, ODG requires unequivocal physical examination findings indicating neurological compromise in the dermatomal distribution associated with the request, coupled

with ambiguous MRI findings. In the records provided for review, there is no evidence of ambiguous MRI imaging, or evidence of neurological compromise in the lower extremities. Without such documentation, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.