

Case Number:	CM15-0210370		
Date Assigned:	10/29/2015	Date of Injury:	07/17/1996
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
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: Emergency 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 is a 70 year old male, who sustained an industrial injury on 07-17-1996. He has reported injury to the low back. The diagnoses have included intervertebral disc degeneration with myelopathy, lumbar; moderately severe stenosis L4-5, 50% back, 50% leg pain, failing conservative efforts; and bilateral foot pain at nighttime. Treatment to date has included medication, diagnostics, epidural injections, cortisone injections, and physical therapy. Medications have included Norco, Tizanidine, Neurontin, and Medrol Dosepak. A progress note, dated 06-08-2015, noted that the injured worker "has had injections with some success" (1996 and 1997). A progress note from the treating physician, dated 08-31-2015, documented a follow-up visit with the injured worker. The injured worker reported buttock and leg pain, left equals right; buttock and legs are worse than back; problematic with standing, but some relief with sitting; and he has had some blurred vision or double vision with Neurontin. Objective findings included restricted motion of the lumbar spine; neurologically intact with patchy sensory changes; diminished reflexes; vascular examination normal; and straight leg raise test equivocal. The treatment plan has included the request for outpatient bilateral selective nerve root block at L4-L5 and L5-S1. The original utilization review, dated 10-09-2015, non-certified the request for outpatient bilateral selective nerve root block at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral selective nerve root block at L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of Epidural steroid injections.

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

Decision rationale: The requested Outpatient bilateral selective nerve root block at L4-5 and L5-S1, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat 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." The injured worker has buttock and leg pain, left equals right; buttock and legs are worse than back; problematic with standing, but some relief with sitting; and he has had some blurred vision or double vision with Neurontin. Objective findings included restricted motion of the lumbar spine; neurologically intact with patchy sensory changes; diminished reflexes; vascular examination normal; and straight leg raise test equivocal. The treating physician did not document the percentage of relief from the previous epidural injection, nor documented derived functional improvement including medication reduction from the previous epidural injection. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Outpatient bilateral selective nerve root block at L4-5 and L5-S1 is not medically necessary.