

Case Number:	CM15-0088429		
Date Assigned:	05/12/2015	Date of Injury:	08/05/2010
Decision Date:	06/15/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 63 year old male who sustained an industrial injury to his lower back on 08/05/2010. According to the medical review on April 6, 2015 the injured worker's industrial injuries date back prior to 2005 including back and knee injuries. The injured worker was diagnosed with lumbago, lumbar radiculitis, lumbar disc degeneration and depression. The injured worker is status post knee surgery in 2011. Treatment to date includes diagnostic testing, surgery, physical therapy, chiropractic therapy acupuncture therapy, lumbar epidural steroid injection and medications. The latest lumbar magnetic resonance imaging (MRI) was dated in December 2010 that revealed degenerative changes and foraminal narrowing. According to the primary treating physician's progress report on April 6, 2015, the injured worker continues to experience low back pain and knee pain. The injured worker rates his pain level at 8/10. Examination of the lumbar spine demonstrated tenderness to palpation to the lumbar area with decreased range of motion on flexion and right lateral bending. Motor and sensation was intact with positive straight leg raise and Patrick's maneuver. Decreased patella reflexes bilaterally with normal Achilles reflexes noted. The injured worker is able to walk on his toes but not his heels. Current medications were not listed. Treatment plan consists of an authorized Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the bilateral lower extremities, waiting on response for additional acupuncture therapy and chiropractic therapy, psychological evaluation and the current request for bilateral lumbar selective nerve block at L4-L5 and L5-S1. The patient sustained the injury due to lifting. The patient's surgical history includes right knee surgery in 2011. Patient has received an unspecified number of PT, chiropractic and acupuncture visits for

this injury. The patient has had history of positive SLR and Patrick test, muscle weakness, decreased reflexes. The patient had received lumbar epidural steroid injection for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar selective nerve block injection at the L4-L5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Request: Bilateral lumbar selective nerve block injection at the L4-L5 and L5-S1 levels. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline, criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. The patient had received lumbar epidural steroid injection for this injury. Per the cited guidelines, "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," Evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for bilateral lumbar selective nerve block injection at the L4-L5 and L5-S1 levels is not fully established for this patient.