

Case Number:	CM15-0231491		
Date Assigned:	12/07/2015	Date of Injury:	07/17/2001
Decision Date:	01/13/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/24/2015

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: Arizona, 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 67 year old female, who sustained an industrial injury on 07-17-2001. A review of the medical records indicates that the worker is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, dysesthesia and dislocation of lumbar facet joint. MRI of the lumbar spine dated 04-10-2015 was noted to show multilevel facet osteoarthritis, L4-L5 disc bulge and facet disease with severe narrowing of the spinal canal and L5-S1 disc bulge and facet degenerative joint disease, severe left and moderate right foraminal stenosis. Treatment has included Percocet, Soma, Lidoderm patches, lumbar epidural steroid injection, anti-inflammatories, application of heat and ice, radiofrequency rhizotomy and home exercise program. Documentation notes that an LESI received in 2008 was greatly beneficial and had provided the worker with 70% pain relief which lasted for three months and beyond, however there were no medical records submitted from 2008 to show evidence of significant pain relief or objective functional improvement with the injection. Subjective complaints (07-15-2015 and 08-26-2015) included low back, bilateral hip and radicular leg pain rated as 4-6 out of 10 with medications and 9 out of 10 without medications. The worker was noted to be having severe and increasing symptoms and intolerable spasms. Subjective complaints (10-28-2015) included low back, bilateral hip and radicular leg pain rated as 5-7 out of 10 with medications and 8-10 out of 10 without medications. Objective findings (07-15-2015, 08-26-2015 and 10-28-2015) included an antalgic gait, severe tightness and tenderness to palpation and movement along the lumbosacral spine, decreased range of motion of the lumbar spine, increased tenderness of the right knee, mild swelling and crepitus,

posterolateral bilateral dysesthesia and hypoesthesia and radicular pain down legs to her knees right side greater than left and right foot dysesthesia. The physician noted that the orthopedist recommended a bilateral L5 nerve root block. A utilization review dated 11-12-2015 non-certified a request for lumbar bilateral L5 nerve root block x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar bilateral L5 nerve root block x1: 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), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, ESI s are indicated for those with radiculopathy on exam and imaging or neurodiagnostics. IN this case, the claimant has undergone conservative measures and has continued radicular symptoms. The MRI shows spinal stenosis but there is no mention of nerve root impingement. An EMG was not provided to correlate. The ACOEM guidelines do not recommend ESI due to their short term benefit. The request for the block is not medically necessary.