

Case Number:	CM14-0143152		
Date Assigned:	09/10/2014	Date of Injury:	09/17/2012
Decision Date:	10/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62 year old male who reported an injury on 04/13/2013; the mechanism of injury was not provided. Diagnoses included left L4 and L5 radiculopathy with left lower extremity weakness, left L4-L5 disc extrusion contacting left L4 and left L5 nerve root with severe neural foraminal stenosis, bilateral L5 pars defects, central disc protrusion at L5-S1, and lumbar facet joint arthropathy. Past treatments included left L4-L5 and L5-S1 epidural steroid injection on 07/17/2014, physical therapy and medication. Past diagnostics and surgical history were not provided. The clinical note dated 07/09/2014 indicated the injured worker complained of bilateral low back pain radiating to the left lateral thigh and left lateral calf. Physical exam revealed tenderness to palpation in the lumbar paraspinal muscles, positive left straight leg raise, decreased muscle strength rated 4/5 and decreased sensation in the left lower extremity. Medications included Norco 10/325 mg. The treatment plan included one left L4 and L5 selective nerve root block under fluoroscopy with sedation. The rationale for treatment and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left L4 and L5 selective nerve root block under fluoroscopy with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Online Edition, Chapter Pain, Epidural Steroid Injections (ESIs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections, diagnostic

Decision rationale: The request for one left L4 and L5 selective nerve root block under fluoroscopy with sedation is not medically necessary. The Official Disability Guidelines state a diagnostic epidural steroid injection may be recommended to determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies, to help to determine pain generators when there is evidence of multi-level nerve root compression, to help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive, or to help to identify the origin of pain in patients who have had previous spinal surgery. The injured worker complained of bilateral low back pain radiating to the left lateral thigh and left lateral calf. Physical exam revealed tenderness to palpation in the lumbar paraspinal muscles, a positive left straight leg raise, decreased muscle strength rated 4/5, and decreased sensation in the left lower extremity. The injured worker had a left L4-L5 and L5-S1 epidural steroid injection on 07/17/2014. The requesting physician did not provide imaging studies and/or electrodiagnostic studies to corroborate physical exam findings of radiculopathy. There is a lack of documentation of the efficacy of the previous therapeutic epidural steroid injection at left L4-L5 and L5-S1. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, there is no indication that the injured worker has anxiety related to the procedure that would indicate the need for sedation. Therefore the request for one left L4 and L5 selective nerve root block under fluoroscopy with sedation is not medically necessary.