

Case Number:	CM14-0144956		
Date Assigned:	09/19/2014	Date of Injury:	05/07/2012
Decision Date:	10/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 66 year old female with a work injury dated 5/7/12. The diagnoses include lumbar spondylosis, lumbar spinal stenosis, and lumbar disc disease. Under consideration is a request for right lumbar selective nerve root block at L4-5 and PT 2 x 4 lumbar. There is a primary treating physician report dated who has had pain in the low back radiating to the right hip over a number of months. The pain is achy and dull on the back with aburning numbness and weakness radiating down to the right hip. The pain is a moderate 5 or 6/10, but it has been a constant daily pain over the last three and a half months. Currently the pain is in the back to the right leg with numbness and weakness. On exam the neurologic examination shows the left side is normal. The right side is where the pain is emanating from the buttock, posterolateral thigh, anterior shin, and top as well as the bottom of the foot with numbness across the toes. It is aggravated by standing and relieved by sitting. In this case there is no neurologic deficit, but there is clear neurogenic compression. She has full range of motion of the hips as well as the knees. There is no bony impingement and within the structure of the feet, she has a neuroma on the left side but that is not the problem on the feet. The assessment and plan state that MRI scan showing severe stenosis between L4 and L5, moderate stenosis at L2/3 and L3/4 that I think is subclinical, but L4/5 has absolutely no canal available. The provider states that he finds no instability so this is not something that needs a fusion, he does see a severe amount of stenosis and the reason she did not get better with the physical therapy is because of the severity of the stenosis and the continuation of the pinching of the nerve. The treatment plan states that cortisone shot on the right side only where the symptoms are most pronounced, an L4 and L5 root block is indicated. There is a request for authorization for a right lumbar selective nerve root block at L4-5 followed by post injection physical therapy two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar selective nerve root block at L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

Decision rationale: Right lumbar selective nerve root block at L4-5 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that for an epidural steroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The request for a right lumbar selective nerve root block at L4-5 is appropriate given the patient's imaging findings and physical exam findings at the L4-5 level. The patient has been unresponsive to conservative treatment. It is reasonable to attempt an injection. Therefore the request for a right lumbar selective nerve root block at L4-5 is medically necessary.

PT 2 x 4 lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: PT 2 x 4 lumbar is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had extensive therapy for the lumbar spine without significant evidence of functional improvement. The patient should be well versed in a home exercise program that she can perform post injection and on a regular basis. The request for PT 2 x 4 lumbar is not medically necessary.