

Case Number:	CM14-0176578		
Date Assigned:	10/30/2014	Date of Injury:	12/07/2009
Decision Date:	12/11/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/25/2014

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 Interventional Spine and is licensed to practice in California. 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:

This patient is a 59 year old male with an injury date of 12/07/09. Work status as of 10/01/14: "May return to work with restrictions." Based on the 10/01/14 visit with [REDACTED] patient says "he feels worse" with "increased back pain and increased pain radiating down both legs" (left worse than the right leg). The patient notes "back pain which radiates to the left hip and down the posterior leg and calf to the big toe" and there is a "recurrence of "sciatica" which radiates from the hip to the lateral aspect of the knee." Range of motion of the lumbar region remains "moderately restricted and there is increased tone or spasm bilateral to the lumbar spine and diffuse tenderness of the soft tissues to the right and left from L1 through L5." Straight leg raise test is "positive bilaterally for radiating pains" with "depressed reflexes at the right patella, trace compared to the 2+ on the left, and absent at both ankles." Diagnoses for this patient are chronic back pain; facet joint dysfunction; radicular symptoms in both legs; synovial cyst; L5 nerve root irritation; myofascial pain; and depression or anxiety. Neurosurgery consult dated 6/05/14 notes "this patient is not a candidate for any kind of spinal decompression surgery" as [REDACTED], "did not find any evidence for radiculopathy spinal stenosis or nerve root compression." Additionally, patient would benefit "from anti-inflammatories, focal physical therapy and back strengthening program, as well as weight loss, in a weight loss and exercise program (height: 72 inches, weight: 245.13 pounds, BMI: 33.2). Also, "being on cement surfaces all day long is not good for his back and is causing more wear and tear," so this patient should "consider applying for Social Security disability." Report dated 12/27/13 notes "sciatic pain in both legs" and exam of feet show "sens/circ/strength/rom wnl" and "SLR is negative." MRI of the lumbar spine dated 10/23/13 "exhibits age-compatible appearance," except a "small right synovial cyst at L4-5 impinges the traversing right L5 nerve root." X-rays of the lumbar spine (3

views) dated 6/15/11 shows "no abnormality with the exception of mild facet arthrosis at L4-5 and L5-S1." The utilization review being challenged is dated 10/18/14. The request is for Transforaminal Nerve Block to Left L5-S1. Despite the patient's report of "left-sided radicular complaints," the reviewer felt the imaging studies did "not corroborate evidence of radiculopathy on the left and there has been no recent conservative treatment completed. The requesting provider is [REDACTED] and he has provided progress reports from 12/11/13 to 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Nerve Block to Left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: This patient presents back pain that radiates down to the left side to the left big toe with "recurrence of sciatica" that "radiates from the hip to the lateral aspect of the knee." The provider requests a transforaminal nerve block to left L5-S1. Regarding epidural steroid injections, MTUS guidelines require radiculopathy be "documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants.)" MTUS recommends repeat blocks to 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. Per the 10/01/14 report, this patient has had "4 previous transforaminal nerve blocks, on the right side, which have consistently given him good results with pain relief greater than 50%, and he says he is able to function 'function' normally after the injections, namely has increased capacity for activities of daily living and is able to tolerate his day at work." Those results have "lasted about 6 months." The patient currently receives acupuncture and was recently authorized five visits of physical therapy and five visits of aquatic therapy (on 10/16/14). While the provider argues that the patient has had a good response to previous injection, the 6/05/14 neurosurgery consult did "not find any evidence for radiculopathy spinal stenosis or nerve root compression." Furthermore, MRI showed right L5 nerve root issue, but the patient has mostly left leg symptoms. The MRI findings do not appear to corroborate a diagnosis of radiculopathy. Therefore, this request is not medically necessary.