

Case Number:	CM14-0180252		
Date Assigned:	11/04/2014	Date of Injury:	04/29/2014
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/30/2014

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 Orthopedic Surgery, and is licensed to practice in Georgia & South Carolina. 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 47-year-old male who reported an injury on 04/29/1997. The mechanism of injury was reportedly when a pipe wrench broke. He is diagnosed with L5-S1 and L4-5 herniated discs with radiculopathy. His past treatments were noted to include physical therapy, chiropractic therapy, pain medications, and spinal injections. On 08/22/2014, he had an MRI of the lumbar spine which was noted to reveal moderate to severe degenerative disc disease at the L4-5 and L5-S1 levels with compression of the left S1 and right L5 nerve roots. On 09/04/2014, the injured worker complained of 6/10 low back pain with radiation down the left leg to the foot. It was also noted that he reported his toes were numb and his left leg was "partially paralyzed." Upon physical examination, it was noted that the injured worker had a severely positive left straight leg raise test. His medications were noted to include Lyrica 75 mg twice a day. His treatment plan was noted to include medications and a consultation and treatment regarding the herniated discs and nerve root impingements. A request was received for SNRB at left L4-5, L5-S1, and S1 and consultation with a neurosurgeon as it was noted that "this has a high probability of a surgical resolution." The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

SNRB at left L4-L5, L5-S1, and S1 and consultation with a neurosurgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Epidural steroid injections, diagnostic.

Decision rationale: The request for SNRB at left L4-5, L5-S1, and S1 and consultation with a neurosurgeon is not medically necessary. According to the Official Disability Guidelines, are used to determine the level of radicular pain when the physical examination findings suggestive of radiculopathy differ from what is shown on imaging studies. The injured worker was noted to have radiating pain and a positive left straight leg raise test. A recent MRI of the lumbar spine revealed significant pathology at the L4-5 and L5-S1 levels with compression of the left S1 and right L5 nerve roots. However, there was no documentation of significant neurological deficits, such as decreased sensation or motor strength in a specific pattern to correlate with MRI findings. As the documentation does not include significant findings suggestive of radiculopathy in left L4-5 and L5-S1 distributions and there were conclusive findings on MRI, a diagnostic injection is not supported. Additionally, it was noted that the injured worker previously "underwent a series of successful interventional injections" between 2002 and 2009. As guidelines recommend repeat injections based on outcome from prior injections, further details are needed regarding this previous treatment to establish the need for a diagnostic procedure. In regard to the requested surgical consultation, the California MTUS/ACOEM Guidelines recommend surgical consultation if the injured worker has severe and disabling lower extremity symptoms that correlate with radiculopathy on the diagnostic studies as well as neurological deficits on physical examination, and there is evidence of failure of conservative care. It was noted the injured worker had pain to his left lower extremity and pathology on MRI. However, there was no documentation of significant neurological deficits to warrant a consultation according to the guidelines. Based on the above, the request for SNRB at left L4-5, L5-S1, and S1 and consultation with a neurosurgeon is not medically necessary.