

Case Number:	CM14-0089697		
Date Assigned:	09/18/2014	Date of Injury:	07/03/2003
Decision Date:	10/16/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 42 year-old patient sustained an injury on 7/3/2003 when traveling on an earth-mover, the machine bottomed out while employed by [REDACTED]. Request(s) under consideration include Nerve Root Block of the L5 Nerve Root. Diagnoses include lumbar intervertebral disc displacement without myelopathy/ lumbar disc disease with left lateral recess and lumbar radiculopathy; thoracic/ lumbosacral neuritis/ radiculitis. Report of 11/18/13 from the provider noted patient with chronic low back pain radiating into the lower extremities with exam findings of limited lumbar srange and positive straight leg raise on left at 60 degrees. MRI dated 1/15/14 was reviewed by provider to show multilevel disc disease; multilevel mild central canal narrowing at L3-4 throught L5-S1; degenerative disc disease at L4-S1 with stenosis. Report of 5/5/14 from the provider noted MRI findings and patient with continued ongoing chronic back symptoms and intermittent burning pain radiating to anterior thigh. Conservative care has included medications, therapy, modified activities/rest, and previous injections without significant relief of symptoms. Exam showed tenderness over Left L4-5 without neurological deficits defined. The request(s) for Nerve Root Block of the L5 Nerve Root was non-certified on 5/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Root Block of the L5 Nerve Root: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low back, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back, Facet Joint Diagnostic Blocks (therapeutic injections),

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Submitted reports have not demonstrated clear indication and medical necessity for the facet blocks as the patient continues to exhibit radicular symptoms with consistent clinical findings and MRI results that indicate stenosis with possible nerve impingement identified. Additionally, submitted reports show no clear exam findings consistent with facet arthropathy nor are there circumstances to repeated injections without documented functional improvement from previous treatment rendered beyond the guidelines criteria. The Nerve Root Block of the L5 Nerve Root is not medically necessary and appropriate.