

Case Number:	CM14-0196770		
Date Assigned:	12/04/2014	Date of Injury:	05/31/2005
Decision Date:	01/23/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine, 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:

54 year old female injured at work on 31 May 2005 when she fell backwards when her chair collapsed causing exacerbation of her low back pain. She has been diagnosed as having lumbar disk protrusion, low back pain, muscle spasm and myofascial pain syndrome. Comorbid conditions include fibromyalgia, hypercholesterolemia. She had a history of chronic low back pain before the accident. Presently she complains of chronic low back pain with radiation into bilateral feet in a L4 and L5 dermatome pattern. Pain is worse with bending and sitting and better with laying down and with pain medications. Lumbar exam showed moderate tenderness in her bilateral lower spine with trigger points and paravertebral muscle spasms present. Range of motion is limited due to pain. Motor, sensory and deep tendon reflexes to lower extremities were normal and straight leg raise was normal bilaterally. Lumbar MRI (6 Sep 2006) showed degenerative disc bulge at L3-4 and L4-5 with facet hypertrophy and foraminal impingement. Lumbar MRI with contrast (6 Sep 2013) showed multilevel degenerative changes with mild to moderate broad-based disc bulge at L3-4, mild broad-based disc bulge at L4-5 and mild bilateral foraminal stenosis at L3-4 and L4-5. Treatment has included physical therapy (not helpful), epidural steroid injections, trigger point injections (not helpful) and medications (melatonin, Valium, Norco 7.5/325 TID, Lidoderm patch, Aleve, and Prozac). The provider is requesting bilateral L4-5 nerve root blocks, the first for diagnosis confirmation and the second for therapeutic effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Nerve Root Blocks x2, Diagnostic and Therapeutic: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181; 288, 301, 309-310, Chronic Pain Treatment Guidelines Part 2 Page(s): 39-40, 46.

Decision rationale: According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The Chronic Pain Medical Treatment Guidelines views epidural blocks as an option for treating Chronic Regional Pain Syndrome (CRPS) but only in a limited role for diagnosis of sympathetically mediated pain or to facilitate physical therapy. It otherwise considers nerve root blocks to be the same as epidural steroid injections. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendation is for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. This patient has neither CRPS nor an exam consistent with a radiculopathy. The imaging studies do not show nerve impingement. At this point in the care of this patient a nerve root block is not medically necessary.