

Case Number:	CM15-0003232		
Date Assigned:	01/14/2015	Date of Injury:	03/22/1984
Decision Date:	03/11/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old male who sustained a repetitive industrial injury reported on 3/22/1984. He has reported left foot numbness, occasional left inner thigh spasm and left shin numbness; left leg pain with diffuse left leg weakness with trouble walking; and no back pain. The diagnoses have included post lumbar 3 - 5 laminectomy syndrome with moderately severe stenosis and progressive edema changes in the vertebral bodies at lumbar - 2 and lumbar - 3; lumbar scoliosis; disc displacement; and left lumbar 4 radiculopathy. The impressions were for degenerative changes and bone marrow edema at lumbar 2, 3 & 4. Treatments to date have included consultations; multiple diagnostic imaging studies; laminectomy of lumbar - 5 (1984) and decompression of lumbar 3-5 (2010) surgeries; nerve conduction studies; physical therapy; acupuncture therapy; selective bilateral lumbar 4-5 and left side lumbar 5-sacral 1 nerve root block; and medication management. The injured worker was noted to be retired. On 12/30/2014 Utilization Review non-certified, for medical necessity, the request for selective bilateral nerve root block of lumbar 4-5, and selective left side nerve root of lumbar 5 - sacral 1 was requested in the attempt to control symptoms until possible surgery in the future; and was denied for lack of objective documentation for radiculopathy, noting the Medical Treatment Utilization Standard, chronic pain treatment Guidelines, was cited. Magnetic resonance imaging study of 11/12/2014 notes a history of low back pain, and progress notes, dated 12/1/2014, note confirmed left lumbar - 4 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block Bilateral L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient, a 69-year-old male with an injury date of 03/22/84, presents with left foot numbness, occasional left thigh inner spasm, and left shin numbness. The patient really denies any back pain. The request is for SELECTIVE NERVE ROOT BLOCK BILATERAL L4-5. The RFA provided is dated 12/21/14 and states "selective nerve root block bilateral L4-5 and selective nerve root block left L5-S1". Patient is status post posterior spinal decompression, oraminotomy, laminotomy L2-3 and L3-4. Physical examination on 12/01/14 revealed antalgic gait, loss of lumbar lordosis with mild tenderness and restricted motion, neurologically globally intact with patchy sensory changes, diminished reflexes, and equivocal straight leg raise test. Diagnostic studies included lumbar MRI on 04/16/14 and 11/12/14. Per progress report dated 12/01/14, the patient had a left L4 radiculopathy confirmed by nerve conduction study a year ago. Patient's diagnosis on 12/04/14 included lumbar scoliosis, degenerative disc disease L2-, L3-4, bulging disc with moderately severe stenosis L4-5, and left L4 radiculopathy. Work status is unknown. MTUS has the following regarding ESI's, under its chronic pain section: Page 46,47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." For repeat injections, MTUS requires 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. In this case, review of medical records did not show any documentation of objective pain and functional improvement associated with prior injections. Furthermore, progress report dated 12/01/14, noted that prior injections gave him equivocal relief. Without a documentation of functional improvement with pain relief of at least 50% with associated reduction of medication use for six to eight weeks, a repeat ESI is not supported by the MTUS guideline. Therefore, the request IS NOT medically necessary.

Selective Nerve Root Left Side L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient, a 69-year-old male with an injury date of 03/22/84, presents with left foot numbness, occasional left thigh inner spasm, and left shin numbness. The patient really denies any back pain. The request is for SELECTIVE NERVE ROOT LEFT SIDE L5-S1. The RFA provided is dated 12/21/14 and states "selective nerve root block bilateral L4-5 and selective nerve root block left L5-S1." Patient is status post posterior spinal decompression, foraminotomy, laminotomy L2-3 and L3-4. Physical examination on 12/01/14 revealed antalgic gait, loss of lumbar lordosis with mild tenderness and restricted motion, neurologically globally intact with patchy sensory changes, diminished reflexes, and equivocal straight leg raise test. Diagnostic studies included lumbar MRI on 04/16/14 and 11/12/14. Per progress report dated 12/01/14, the patient had a left L4 radiculopathy confirmed by nerve conduction study a year ago. Patient's diagnosis on 12/04/14 included lumbar scoliosis, degenerative disc disease L2-, L3-4, bulging disc with moderately severe stenosis L4-5, and left L4 radiculopathy. Work status is unknown. MTUS has the following regarding ESI's, under its chronic pain section: Page 46,47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." For repeat injections, MTUS requires 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. In this case, review of medical records did not show any documentations of objective pain and functional improvement associated with prior injections. Furthermore, progress report dated 12/01/14, noted that prior injections gave him equivocal relief. Without a documentation of functional improvement with pain relief of at least 50% with associated reduction of medication use for six to eight weeks, a repeat ESI is not supported by the MTUS guideline. Therefore, the request IS NOT medically necessary.