

Case Number:	CM15-0102280		
Date Assigned:	06/04/2015	Date of Injury:	12/07/2004
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female who sustained an industrial injury on 12/7/04. The injured worker was diagnosed as having low back pain, degenerative lumbar disc, lumbar facet joint syndrome, sciatica, bulging disc and spinal stenosis. Currently, the injured worker was with complaints of back discomfort. Previous treatments included medication management and home exercise program. Previous diagnostic studies included a magnetic resonance imaging revealing L4-L5 central disc protrusion and severe bilateral facet arthropathy, slight degenerative anterolisthesis and mild bilateral foraminal narrowing. The injured workers pain level was noted as 9/10. The plan of care was for a nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Selective Nerve Root Block L5-S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2004 and continues to be treated for low back pain radiating to the left lower extremity. When seen, pain was rated at 8/10. There was lumbar paraspinal muscle tenderness with decreased range of motion and an antalgic gait. The leg raising was positive on the left side. Imaging results were reviewed with findings of multilevel mild bilateral foraminal narrowing. A diagnostic epidural steroid injection (also referred to as selective nerve root blocks) were originally developed as a diagnostic technique to determine the level of radicular pain. Guidelines recommend that no more than 2 levels should be performed on one day. Criteria include cases where diagnostic imaging is ambiguous, to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies, to help to determine pain generators when there is evidence of multi-level nerve root compression, to help to determine pain generators when clinical findings are consistent with radiculopathy but imaging studies are inconclusive, and to help to identify the origin of pain in patients who have had previous spinal surgery. In this case, the claimant has left sided radicular symptoms with imaging showing findings of foraminal stenosis at the lower two lumbar levels. No surgery is being planned or has been performed. The two levels requested would not provide additional diagnostic information. If being requested on the right side, this is not the symptomatic side and would not be indicated or appropriate. The request is not medically necessary.