

Case Number:	CM15-0023627		
Date Assigned:	02/13/2015	Date of Injury:	08/05/2002
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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 73 year old female who sustained an industrial injury on August 5, 2002. There was no mechanism of injury documented. The injured worker was diagnosed with lumbosacral radiculitis, left degenerative disc disease and muscle spasm. A lumbar magnetic resonance imaging (MRI) on December 1, 2014 noted progression of disc herniation at L4-L5 with moderate thecal sac indentation and arthropathy with mild biforaminal stenosis and a lateral protrusion at L5-S1 into the left neural foramen. According to the primary treating physician's progress report on December 10, 2014 the injured worker continues to experience increase lumbar and leg pain with new burning across the lumbosacral region to the groin and thighs bilaterally. The injured worker underwent right L4-L5 Selective Nerve Root Block on August 7, 2013, December 3, 2014 and again on January 7, 2015 according to the treating physicians report on January 7, 2015. Current medications consist of Gabapentin, topical analgesic, Tramadol and Cyclobenzaprine. Recent treatment modalities consist of physical therapy, home exercise program, Toradol injections (IM in-office); trigger point injections, selective nerve root blocks and medications. The injured worker is Permanent & Stationary (P&S). The treating physician requested authorization for Right L4-L5 Selective Nerve Root Block. On January 15, 2015 the Utilization Review denied certification for the Right L4-L5 Selective Nerve Root Block. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Selective Nerve Root Block: Upheld

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

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

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for RIGHT L4-L5 SELECTIVE NERVE ROOT BLOCK. The MTUS Guidelines has the following regarding ESI under its chronic pain section page 46 and 47, "recommended as an option for treatment for radicular pain defined as pain in the dermatomal distribution with corroborated findings of radiculopathy." According to the medical file the patient had a right L4-5 SNRB on 10/3/12 with 55% improvement for 4 weeks. A repeat injection was administered on 12/8/14 which provided 75% relief for 4 weeks. In this case, there is no discussion of functional improvement and documentation of pain relief was 95-75%, but the duration of relief was only 4 weeks. The MTUS guidelines only allow repeat injections with documentation of functional improvement and at least 50% pain relief of 6 to 8 weeks. The required documentation has not been provided to allow for a repeat injection. This request IS NOT medically necessary.