

Case Number:	CM15-0066539		
Date Assigned:	04/14/2015	Date of Injury:	08/16/2013
Decision Date:	05/20/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/07/2015

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 was a 57 year old male, who sustained an industrial injury, August 16, 2013. The injured worker received the following treatments in the past physical therapy, epidural injections, thoracic spine MRI and lumbar spine MRI. The injured worker was diagnosed with multiple level lumbar facet arthropathy, lower back pain secondary to facet disease, lumbar disc protrusions with bilateral foraminal stenosis, particularly at the L3-L4 and L4-L5 levels, lumbar facet arthropathy and bilateral lumbar radiculopathy L4 and L5 distribution. According to progress note of March 5, 2015, the injured workers chief complaint was continuation of back and bilateral lower extremity leg pain. The injured worker was having associated numbness and weakness of the lower extremities. The injured worker received improvement from the epidural injections give in the past. The physical exam noted positive straight leg raising tests bilaterally reproducing radicular pain. The neurologic exam noted decreased sensation of the right L4 distribution. The motor exam noted weakness of the bilateral knee extensions and bilateral foot dorsiflexion. The treatment plan included a request for transforaminal selective nerve root blocks at bilateral L4 and L5 with fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Selective Nerve Root Blocks at Bilateral L4, L5 (Lumbar) under fluoroscopic guidance (99215; 64483; 64484; 76000; 72265): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: Based on the 3/5/15 progress report provided by the treating physician, this patient presents with back pain and bilateral leg pain. The treater has asked for Transforaminal Selective Nerve Root Blocks at Bilateral L4, L5 "Lumbar" Under Fluoroscopic Guidance on 3/5/15. The request for authorization was not included in provided reports. The patient is s/p 2 lumbar epidural steroid injections, most recently 3 months ago per 3/5/15 report. The patient had greater than 50% reduction of radicular pain following the second epidural steroid injection from December 2014 per 1/22/15 report. The patient had facet injections administered on 2/9/15 at L3-4 and L4-5 levels with definite improvement but not complete resolution of symptoms per 3/5/15 report. An MRI scan reveals disc protrusions along with bilateral foraminal stenosis at L3-4 and L4-5 levels, and facet arthropathy present per 3/5/15 report. The original MRI report was not included in documentation. The patient's current medications are. The patient's work status is not included in the provided documentation. MTUS has the following regarding ESIs, 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 ESI, MTUS states: "In the therapeutic phase, repeat blocks should be based on 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, the patient does have radicular leg pain, a positive straight leg raise and the MRI showed disc protrusions at L3-4 and L4-5 levels. Reports show, however, that the patient had 2 recent epidural steroid injections, the most recent from 12/15/14 at L4-5 level with 50% improvement in radicular pain per 1/22/15 report; 5 weeks later. MTUS requires at least 50% pain relief and documentation of functional improvement along with associated reduction of medication use. In this case, although pain reduction is shown, there is no documentation of functional improvement with reduction in medication usage. A repeat injection would not be supported by MTUS. Therefore, the request for a transforaminal selective nerve root block at bilateral L4-5 is not medically necessary.