

Case Number:	CM14-0143424		
Date Assigned:	09/10/2014	Date of Injury:	06/01/1993
Decision Date:	10/22/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 61-year-old male who reported an injury on 04/10/2000. The mechanism of injury was not provided. The diagnostic studies were not provided. The injured worker's prior treatments included physical therapy, epidural steroid injections, and medications. The surgical history included a lumbar decompression with posterior stabilization at L4-5 and an anterior posterior cervical fusion at C2 through T1 and other non-contributory surgeries. The injured worker's medications included OxyContin, Oxycodone hydrochloride, Cymbalta, Colace, Famotidine, Senna, Celebrex, Tizanidine Hydrochloride, and Lyrica. The documentation of 12/12/2013 revealed the injured worker had undergone a left L4 and L5 nerve root block which was noted to have tremendously helped for 6 months. The documentation of 06/03/2014 revealed the injured worker had done well until recently. The injured worker was noted to have an epidural steroid injection approximately 6 months prior, in January. The injured worker developed progressive left leg sciatica. The physical examination revealed persistent weakness in the left extensor hallucis longus and anterior tibia, which were 4+/5. The injured worker had a positive straight leg raise and increased leg pain with lumbar extension. The diagnoses included status post L4-5 posterior lumbar decompression with posterior stabilization, history of C2 to T1 anterior posterior cervical fusion for kyphosis and myelopathy, history of Brown-Sequard syndrome, left lower extremity edema and history of osteomyelitis, status post left great toe debridement, bilateral rotator cuff tear, degenerative scoliosis, and dysphasia. The treatment plan included a left L4 and L5 nerve root block. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 and L5 Nerve Root Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injection when there is documentation of greater than 50% relief with an accompanied decrease in pain medications for 6 to 8 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the prior epidural steroid injection had been beneficial. However, there was a lack of documentation of the above criteria, specifically the percentage/duration of relief, functional benefit and associated reduction in medication use. Additionally, the request as submitted failed to indicate the laterality for the injection and the specific type of injection being requested. Given the above, the request for L4 and L5 Nerve Root Block is not medically necessary.