

Case Number:	CM14-0154509		
Date Assigned:	09/24/2014	Date of Injury:	02/08/2014
Decision Date:	11/05/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/08/14 when he slipped while descending stairs, falling on his left side with injury to the left low back and wrist. He was seen by the treating provider on 03/05/14. He had initially improved and was able to work at light duty but then had worsening symptoms including radiating pain into the lower extremities. Medications were Flexeril, Motrin, Wellbutrin, Flonase, and Percocet. Physical examination findings included negative straight leg rising. He had lumbar paraspinal muscle tenderness. There was normal strength with full range of motion. Authorization for an MRI was requested. An MRI of the lumbar spine on 04/04/14 showed findings of Grade I L5-S1 spondylolisthesis with bilateral spondylosis and mild to moderate bilateral L5 foraminal narrowing. There was moderate spinal stenosis at L4-5 and a right lateralized L3-4 disc herniation. There was multilevel spondylosis. On 04/10/14 he had ongoing radicular symptoms. The MRI results were reviewed. He was referred for a surgical evaluation. He was seen for a surgical evaluation on 05/02/14. He was having back and right greater than left lower extremity pain. His history of injury was reviewed. He had completed eight physical therapy treatment sessions. There had been no improvement with therapy or with medications. Pain was rated at 3-8/10. Physical examination findings included decreased lumbar spine range of motion with L5 paresthesia and weakness. He had positive right straight leg raising with back pain with left straight leg raising. Imaging results were reviewed. X-rays of the lumbar spine were negative for instability. Treatment options were considered including surgery, pool therapy, and injections. On 05/23/14 his surgical evaluation was reviewed. He wanted to try pool therapy. He was trying to avoid surgery. He was seen for a pain management evaluation on 08/08/14. He was having low back pain radiating into the right greater than left leg. Pain was rated at 8/10. Prior treatments had

included pool therapy and physical therapy. Medications were Norco 10/325 mg and Flonase. Physical examination findings included decreased right lower extremity reflexes. He had normal sensation. Imaging results were reviewed. Authorization for right L4 and L5 selective nerve root blocks was requested. He was seen by the requesting provider again on 08/18/14. His pain management evaluation was reviewed. Physical examination findings included lumbar spine tenderness. He was continued out of work. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block Right L4 and L5: Overturned

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

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 is more than 6 months status post work-related injury and continues to be treated for chronic low back pain with bilateral lower extremity radicular symptoms. Imaging findings include Grade I L5-S1 spondylolisthesis with bilateral spondylolysis and mild to moderate bilateral L5 foraminal narrowing with moderate spinal stenosis at L4-5 and a right lateralized L3-4 disc herniation. Treatments have included physical therapy and medications. Spine surgery is being considered. A diagnostic epidural steroid injection (also referred to as selective nerve root blocks) was 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, there is evidence of multilevel nerve root compression with right lateralized findings at L3/4, bilateral findings at L4/5 and L5/S1 and with the claimant having right greater than left sided symptoms. Therefore the requested selective nerve-root block is medically necessary.