

Case Number:	CM13-0040654		
Date Assigned:	01/03/2014	Date of Injury:	04/01/2013
Decision Date:	08/27/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 & 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 59-year-old male with a reported date of injury on 04/01/2013. The mechanism of injury was noted to be a lifting injury. His diagnoses were noted to include lumbar disc displacement without myelopathy. His previous treatments were noted to include aquatic therapy, medications, chiropractic care, epidural steroid injection, and medications. The MRI performed on 10/18/2013 revealed small to moderate central disc protrusions at L4-5 and L5-S1. At L5-S1, there was slightly greater extrusion of disc material to the left of midline but due to the normally wide epidural space, there is little, if any, impression on the thecal sac and no central stenosis. Both disc protrusions produced slight encroachment on the inferior aspects of the neural foramina bilaterally but this is below the exiting nerve roots. No major foraminal stenosis was noted. The progress note dated 06/12/2014 revealed the injured worker complained of axial back pain. The physical examination revealed a positive straight leg raise on the left lower extremity, decreased sensation in the left L5-S1 dermatome, lumbar spine motor strength was rated 5/5. The provider indicated the injured worker had an annular tear, a central disc protrusion at L4-5, and moderate central canal stenosis and the electromyography was positive for radiculopathy at the S1 level and he had symptoms consistent with radiculopathy in the L5 and S1 level in the left leg. The provider indicated the injured worker had failure of conservative care and a transforaminal epidural steroid injection was not beneficial for him. The request for authorization form was not submitted within the medical records. The request was for a left S1 selective nerve root block; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT S1 SELECTIVE NERVE ROOT BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guideline criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (such as exercises, physical methods, NSAIDs, and muscle relaxants). Injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. The injured worker had an epidural steroid injection performed in 01/2014 which revealed no benefit and therefore an S1 selective nerve root block is not warranted at this time. As such, the request is not medically necessary.