

Case Number:	CM13-0063455		
Date Assigned:	12/30/2013	Date of Injury:	08/10/2012
Decision Date:	05/12/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 8/10/12. A 1/14/14 medical report identifies 25% reduction in lower extremity radiculopathy with Gabapentin use. On exam, range of motion was restricted with flexion worse than extension. Muscle strength is 5/5, except for 4+/5 in the left tibialis anterior and peroneals, and there is reduced sensation to touch in the left L4 and L5 dermatomes. An 8/22/13 operative report notes that lumbar transforaminal epidural steroid injection was performed at left L3-4 and L4-5. A 5/17/13 EDS report identifies electrodiagnostic evidence suggestive of chronic left L5 radiculopathy. A 3/18/13 lumbar spine MRI identifies moderate left inferior neuroforaminal narrowing at L3-4 and mild to moderate inferior neuroforaminal compromise at L4-5 on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPICALLY GUIDED LEFT L4 AND L5 SELECTIVE NERVE ROOT BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain. Regarding repeat epidural injections, guidelines state that 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 6-8 weeks, with a general recommendation of no more than four blocks per region per year. Within the documentation available for review, there is documentation of a prior epidural steroid injection performed at the left L3-4 and L4-5 levels, but there was no indication of objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks as recommended by the MTUS. In the absence of such documentation, the request is not medically necessary and is noncertified.