

Case Number:	CM14-0002691		
Date Assigned:	01/31/2014	Date of Injury:	12/09/1997
Decision Date:	06/25/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 64 year old male with an injury reported on 12/9/97. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/12/13 reported that the injured worker complained of right leg and low back pain. Upon physical examination, the injured worker had tenderness to his lumbar area. It was noted that the injured worker's lower extremity strength was normal bilaterally. The injured worker's prescribed medication list included abilify, citalopram, lisinopril-hydrochlorothiazide, lunesta, metoprolol, mevacor, nasacort AQ, niacin, omeprazole, potassium, terazosin, ultram, and viagra. The injured worker's diagnoses included arthritis, atrial fibrillation, bilateral rotator cuff surgeries, depression, hypertension, lasik, and sleep apnea. The provider requested right L4-L5, L5-S1 transforaminal block with follow-up visit after each block times 3, since the injured worker had done well with in the past. The request for authorization was submitted on 1/2/14. The injured worker's prior treatments included physical therapy, L4-5 and L5-S1 injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-L5, L5-S1 TRANSFORAMINAL BLOCK WITH FOLLOW- UP VISIT AFTER EACH BLOCK TIMES 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker complained of right leg and low back pain. The California MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. 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. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. Guidelines recommend no more than two injections in one sitting. Clinical documentation indicating a physical examination finding of radiculopathy with corroborated evidence on imaging was not provided. It was noted the injured work had previous physical therapy, which had helped in the past. There is a lack of clinical information indicating the injured worker's pain was unresolved with a recent session of physical therapy, home exercise, and/or NSAIDs. Moreover, the guidelines recommend this procedure be done under fluoroscopy and the request does not contain this recommendation. It was noted the injured worker had previous injections to the L4-5 and L5-S1; however, there is a lack of information provided documenting the efficacy of the previous injection as evidenced by decreased pain by at least 50%, reductions in medication use, and significant objective functional improvements. Furthermore, the request is for three transforaminal blocks when the guidelines do not support a "series-of-three" injections. As such, the request is not medically necessary.