

Case Number:	CM14-0006191		
Date Assigned:	02/07/2014	Date of Injury:	09/30/2006
Decision Date:	06/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology, 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 57-year-old male with a 9/30/06 date of injury to the lower back with radiculopathy while working as a lift driver. The patient was noted to have a transforaminal epidural injection on 6/2012 with an 80% improvement for more 2 and 1/2 months in June 2012. An MRI dated 7/18/13 revealed a 3mm foraminal disc extrusion at L5/S1 with L5 nerve abutment, an L5 nerve abutment was also seen at the L4/5 level. The patient was seen on 12/31/13 where his pain level was a 6/10 with medications and 8/10 without. Exam findings revealed tenderness over L4-S1, myofascial tenderness, decreased sensation in the left S1 dermatome, positive left side straight leg raise, decreased motor strength on the left lower extremity involving the muscles innervated by S1. A UR decision dated 12/18/13 denied the request given there was no evidence of functional improvement, reduction in medications, or a decrease in work restrictions. The treatment to date: TESI, medications, hone exercise program, medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L4-S1 TRANSFORAMINAL BLOCK: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: The CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The patient is noted to have a prior injection in 2012 which gave him 80% relief for 2 and half months. The patient's MRI dated 8/18/13 revealed L5 nerve abutment at L4/5 and L5/S1. The patient has radicular symptoms at L5 on the left and motor weakness corresponding to the L5/S1 nerve root on the left. Therefore, the request for a transforaminal left L4/5 nerve block was medically necessary.