MAXIMUS Federal Services

Case Number:	CM14-0018363		
Date Assigned:	04/18/2014	Date of Injury:	03/03/2011
Decision Date:	06/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/13/2014

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, 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 patient is an employee of [redacted] and has submitted a claim for low back pain with an industrial injury date of March 3, 2011. Treatment to date has included medications and chiropractic care. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of moderate constant low back pain. On physical examination, there is equivocal straight leg raise on the right with tenderness and mild pain with motion of the lumbar spine. A utilization review from February 4, 2014 denied the request for selective nerve root block bilateral L3-4, L4-5, L5-S1 because there was no evidence of radiculopathy and that no more than 2 nerve root levels should be injected using transforaminal block.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELECTIVE NERVE ROOT BLOCK, BILATERAL, L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CRITERIA FOR USE OF EPIDURAL STEROID INJECTIONS, ,

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

Decision rationale: According to page 46 of the MTUS Chronic Pain Guidelines, epidural injections are not supported in the absence of objective radiculopathy. In addition, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, the patient had no complaints of radicular pain and there were no imaging studies that documented nerve root pathology. Moreover, there was no discussion regarding unresponsiveness to conservative management. Aside from medications and chiropractic care, the medical records did not mention other means of conservative therapy. Furthermore, the request indicates 3 nerve root levels to be injected on each side, which is greater than the number recommended by the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.