

Case Number:	CM14-0019069		
Date Assigned:	04/21/2014	Date of Injury:	02/14/2013
Decision Date:	07/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 57-year-old who sustained an injury to his low back on February 14, 2013 following a fall. The injured worker had a transforaminal epidural steroid injection under fluroscopic guidance bilaterally at L4-5 and L5-S1 on October 28, 2013. It was reported to the injured worker received some benefit from the first injection, then went back to baseline an MRI of the lumbar spine dated June 13, 2013 revealed likely annular tears at L4-5 and L5-S1. Second Selective Nerve Root Block bilateral at l4-5, l5-s1 has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND SNRB BILATERAL AT L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS).

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

Decision rationale: The previous request was denied on the basis that the injured worker only reported 20% pain relief and went from 8-9/10 VAS (visual analog scale) to 4-5/10 VAS. The Chronic Pain Medical Treatment Guidelines states that in the therapeutic face, repeat blocks should be based on continued objective documentation of 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 four blocks per region per year. Given the inefficacy of the first selective nerve root block providing only 20% for an unspecified duration, medical necessity of the request for a second selective nerve root block bilaterally at L4-5 and L5-S1 has not been established. The request for a second selective nerve root block (SNRB) bilateral at L4-L5, L5-S1 is not medically necessary or appropriate.