

Case Number:	CM14-0156389		
Date Assigned:	09/25/2014	Date of Injury:	12/08/2009
Decision Date:	11/12/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/24/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 48 year female with complaints of left lower extremity pain. The date of injury is 12/8/09 and the mechanism of injury is not elicited. At the time of request for left lumbar selective nerve root block L5-S1, there is subjective (left leg pain) and objective (positive straight leg raise, loss of sensation to pin prick at L5-S1, positive Fabere- Patrick, Yeoman's and pelvic rock on the left side) findings, imaging findings/other (5/29/13 MRI lumbar spine shows L5-S1 fusion, L4-5,L5-S1 facet arthropathy, EMG left lower extremity shows chronic L5 radiculopathy), diagnoses (severe radiculopathy L5-S1, possible SI joint dysfunction) and treatment to date (physical therapy, acupuncture, previous selective nerve root blocks, traction, surgery, medications). Epidural steroid injections are indicated if several criteria are met: 1. There needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. 2. Failure of conservative treatment 3. Epidural injection should be performed using fluoroscopy 3. A second epidural injection should not be done if the first block did not lead to significant reduction in pain 4. No more than 2 nerve root levels should be injected using transforaminal blocks 5. No more than one intra-laminar level should be injected at one session 6. Repeat therapeutic blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief as well as documented attempts of medication reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar selective nerve root block L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.
Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Myelography

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

Decision rationale: Based on MTUS-Chronic Pain Medical Treatment Guidelines, Epidural steroid injections are indicated if several criteria are met: 1. There needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. 2. Failure of conservative treatment 3. Epidural injection should be performed using fluoroscopy 3. A second epidural injection should not be done if the first block did not lead to significant reduction in pain 4. No more than 2 nerve root levels should be injected using transforaminal blocks 5. No more than one intra-laminar level should be injected at one session 6. Repeat therapeutic blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief as well as documented attempts of medication reduction. This patient has clinical findings of L5 radiculopathy/radicular pain. There has been documented successful analgesic response to previous epidural steroid injections at L5/S1 with corroboration at those levels on clinical findings. Therefore, it is my opinion that a left L5/S1 transforaminal epidural steroid injection under fluoroscopy is medically necessary.