

Case Number:	CM14-0164490		
Date Assigned:	10/09/2014	Date of Injury:	11/16/2010
Decision Date:	11/10/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational Medicine and is licensed to practice in New York. 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 43 year old male with a date of injury on 11/16/2010. He injured his lower back and developed persistent lower back pain since that time. He also noted radiating pain and numbness in the right leg. He received a lumbar epidural steroid injection in the past without any pain relief noted. His treating physician is requesting a repeat L5 and S1 left selective root block with fluoroscopy and sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 & S1 left selective root block with fluoroscopy and sedation QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain and Epidural Steroid Injections (ESIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injection

Decision rationale: There were no objective findings of motor or sensory deficits noted on the physical examination. Medical Treatment Utilization guidelines state that there must be objective evidence of radiculopathy on physical exam for an epidural steroid injection to be considered

medically necessary. This criterion was not met in this case. In addition, Official Disability guidelines state that in the therapeutic phase, repeat epidural steroid blocks should only be offered if there is at least 50% pain relief for six to eight weeks with a general recommendation of no more than 4 blocks per region per year. This criteria was not met as the injured worker was noted to have no pain relief after the previous epidural steroid injection. Therefore, the requested L5 and S1 left selective root block with fluoroscopy and sedation quantity: 1.00 would not be considered medically necessary in this case.