

Case Number:	CM14-0179109		
Date Assigned:	11/03/2014	Date of Injury:	03/09/2013
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/28/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

9/23/14 note indicates continued pain in the back and left groin with numbness at times. Examination notes limited range of motion with decreased left S1 sensation. 3/27/14 EMG is reported to demonstrate right S1 radiculopathy. 8/4/14 MRI lumbar spine reports L5-S1 moderate to severe foraminal stenosis with abutment of L5 nerve roots bilaterally. There is grade 1 spondylolisthesis with bilateral L5 pars defects. 7/30/14 note indicates pain in the back. Insured had PT dating back to 10/2013. The insured has been treating with trigger point injections and medications in past.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 lumbar epidural injection: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, ESI

Decision rationale: ODG guidelines indicate that repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The use of ESI is for patients with radicular pain corroborated by physical examination with

MRI and/or EMG. The medical records provided for review indicate physical exam findings consistent with radiculopathy with demonstrate corroboration by imaging and EMG. Previous conservative care was PT and medication over at least 6 weeks. As such the medical records support ESI (Epidural Steroid Injection) congruent with ODG guidelines, therefore; this request is medically necessary.

Right S1 selective nerve root block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low back, ESI. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, ESI

Decision rationale: ODG guidelines indicate that repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The use of ESI is for patients with radicular pain corroborated by physical examination with MRI and/or EMG. The medical records provided for review indicate physical exam findings consistent with radiculopathy with demonstrate corroboration by imaging and EMG. Previous conservative care was PT and medication over at least 6 weeks. As such the medical records support ESI (Epidural Steroid Injection) congruent with ODG guidelines. The addition of selective nerve root block is duplicative to the ESI and not medically necessary.

Conscious sedation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, ESI

Decision rationale: ODG guidelines indicate that repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The use of ESI is for patients with radicular pain corroborated by physical examination with MRI and/or EMG. The medical records provided for review indicate physical exam findings consistent with radiculopathy with demonstrate corroboration by imaging and EMG. Previous conservative care was PT and medication over at least 6 weeks. As such the medical records support ESI (Epidural Steroid Injection) congruent with ODG guidelines. The use of conscious sedation is not routinely medically necessary with the procedure. The medical records do not indicate a condition of anxiety or difficulty with procedures in support of medical necessity of conscious sedation. Therefore, this request is not medically necessary.