

Case Number:	CM14-0180835		
Date Assigned:	11/03/2014	Date of Injury:	02/04/1987
Decision Date:	12/12/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 claimant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 4, 1987. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; earlier L5-S1 lumbar laminectomy; and unspecified amounts of physical therapy and acupuncture. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for an L4-L5 selective nerve root block. The claim administrator stated that its decision was based on non-MTUS ODG Guidelines, despite the fact that the MTUS did address the topic. The claims administrator did not seemingly incorporate any guidelines into its rationale. In August 12, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the right leg status post failed right L5-S1 lumbar decompression surgery in 1987. The applicant stated that his right leg pain had worsened over the preceding year. The applicant had reportedly received epidurals over the years, which had only given partial success. The applicant was using Lidoderm, Neurontin, Skelaxin, Norco, Desyrel, and Prevacid, it was stated. MRI imaging of lumbar spine of August 9, 2013 did apparently demonstrate multilevel disk degeneration with evidence of a previous right L5-S1 decompression. It was noted that the applicant had lateral recess stenosis worst at L3-L4 and L4-L5. It was stated that the applicant could be a reasonable candidate for an L3-L4 and L4-L5 decompressive laminectomy, bilateral foraminotomy, and right L3-L4 and L4-L5 discectomy surgery. Neurontin was endorsed. An updated lumbar MRI was also suggested. In an October 27, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the right leg. The bulk of the applicant's pain was radicular, it was noted. The applicant was reportedly using Norco, Neurontin, Skelaxin, Lidoderm, Desyrel, and Aleve. It was stated that the applicant would like to hold off on surgery but would consider the same during the next year. It was stated that the

applicant would like to consider either a spinal cord stimulator and/or an L4-L5 selective nerve root block. The applicant did exhibit hyposensorium about the right leg on exam, it was noted. The applicant was asked to continue Norco, Desyrel, Neurontin, Skelaxin, and Prevacid. In an October 1, 2014 progress note, the applicant's pain management physician again noted that the applicant again noted that the applicant had ongoing complaints of low back pain radiating into the right leg. It was stated that the applicant did not want to pursue a surgical remedy. The applicant was still smoking a pack of day. It was not stated whether the applicant was working as a painter or not. Some decreased strength was noted about the right L5 musculature with some hyposensorium also appreciated about the right leg. The attending provider suggested that the applicant pursue a selective right L4-L5 selective nerve root block. In a progress note dated May 5, 2014, it was stated that the applicant was status post right L4-L5 selective nerve root block with 50% pain relief. The applicant wanted to obtain a surgical consultation. It was stated that the applicant had received multiple selective nerve root blocks at the L4-L5 level over the years, including a March 2009, January 2010, January 2011, April 2013, and April 2014. It was stated that the applicant was averaging approximately one epidural steroid injection a year. Multiple medications were refilled, including Norco, Neurontin, Desyrel, Skelaxin, and Lidoderm. The applicant's works status, once again, was not clearly stated. The applicant was asked to perform home exercises. On October 27, 2014, the applicant's pain management physician stated that the proposed epidural injection was being performed for therapeutic effect as opposed to diagnostic effect. The previously denied selective nerve root block/epidural steroid injection was therefore appealed. It was not clearly stated whether the applicant was working as painter or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Right Lumbar (L4-L5) Selective Nerve Root Block Under Fluoroscopy as Outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version Low Back Chapter

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

Decision rationale: The request in question does represent a request for repeat epidural steroid injection. The applicant has had multiple steroid injections over the years, including five epidural injections over the preceding five years, the attending provider acknowledged on a progress note referenced above. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines: "We recommend no more than two ESI injections." The applicant, thus, has already had multiple epidural steroid injections/selective nerve root blocks well in excess of MTUS parameters. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that pursuit of repeat epidural blocks should be based on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the attending provider has not outlined the applicant's work status on any recent office visit, referenced above. The applicant's

work status was not clearly reported either by the requesting pain management physician or the applicant's neurosurgeon. The applicant remains dependent on a variety of medications, including Desyrel, Norco, Skelaxin, Lidoderm, Neurontin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite multiple prior selective nerve root blocks/epidural steroid injections over the course of the claim. Therefore, the request for One Right Lumbar (L4-L5) Selective Nerve Root Block Under Fluoroscopy is not medically necessary.