

Case Number:	CM14-0022242		
Date Assigned:	06/20/2014	Date of Injury:	05/06/2010
Decision Date:	08/07/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/21/2014

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 and Pain 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 injured worker is a 65-year-old female who reported an injury on 05/06/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 04/24/2014 was handwritten and largely illegible. The injured worker reported low back pain. The injured worker had a transforaminal lumbar epidural steroid injection under fluoroscopy at L4-5 bilaterally, dated 03/04/2014. Prior treatments have included diagnostic imaging, physical therapy, medication management, and the epidural steroid injection. The provider submitted a request for a nerve block of the lumbar spine. The Request for Authorization was dated 01/14/2014 and submitted for nerve block to the lumbar spine. However, the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE BLOCK TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Page 46.

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

Decision rationale: The California MTUS Guidelines recommend ESI to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. The MTUS guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented 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 4 blocks per region per year. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase and recommend no more than 2 ESI injections. In this case, it was indicated that the injured worker underwent an epidural steroid injection or nerve block on 03/04/2014. However, the clinical note dated 04/24/2014 did not indicate objective documented pain or functional improvement, including at least 50% relief with associated reduction of medication use. In addition, there was a lack of a complete physical assessment. The request did not indicate the level at which the nerve block of the lumbar spine was to be performed. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for a nerve block of the lumbar spine is not medically necessary and appropriate.