

Case Number:	CM14-0041551		
Date Assigned:	06/30/2014	Date of Injury:	05/17/2011
Decision Date:	07/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, 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:

The injured worker is a 56-year-old male who reported an injury on 05/17/2011. In 2011, it was noted the injured worker had received two lumbar epidural steroid injections and physical therapy with no documented evidence provided on the pain relief from the injections or outcome measurements of the physical therapy on the injured worker. On 09/20/2011, the injured worker underwent an MRI of the lumbar spine that revealed no evidence for pars defects or fractures and prevertebral soft tissues masses. On 01/16/2014, the injured worker complained of persistent severe pain and was starting to develop some pain in the atrophy quadriceps area. It was noted the pain had gotten to where the injured worker was having failure with anti-inflammatories that was given to him for relief. There were no medications listed for the injured worker. The injured worker diagnoses included lumbar strain with left leg radiculopathy. The treatment plan included for a decision for a lumbar selective nerve root block left at L3 and a repeat MRI of the lumbar spine. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar selective nerve root block left L3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI's).

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

Decision rationale: The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. 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. The documents submitted on 01/16/2014 the injured worker complained of persistent severe pain and was starting to develop some pain in the atrophy quadriceps area. The injured worker diagnoses included lumbar strain with left leg radiculopathy. It was noted the injured worker had two epidural steroid injections in the past but there was lack of evidence to identify the injured worker pain relief after receiving the epidural steroid injections. There was lack of evidence to measure the outcome of physical therapy and medication pain management. In addition, the authorization request form did not identify what type of injection. Given the above, the request is not medically necessary.