

Case Number:	CM14-0043250		
Date Assigned:	07/02/2014	Date of Injury:	12/08/2009
Decision Date:	08/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 10/30/2001. The injury reportedly occurred when she was standing on a pallet and suffered a twisting and turning injury. Her diagnoses include lumbar sprain and right lower extremity radiculitis. Her past treatments were noted to include injections, physical therapy, use of a cane, medications and chiropractic treatment. Previous diagnostics were noted to include a lumbar MRI on 02/25/2012 which revealed disc bulging and abutment of the L4 and L5 nerve roots. On 04/24/2014, the injured worker presented with complaints of low back pain rated 6/10. Her physical examination was noted to reveal ambulation with a single point cane favoring the right lower extremity. Her medications were noted to include Tylenol No. 3. The treatment plan was noted to include medication refills. A clear rationale for the request for nerve root block injection at L5-S1 was not provided in the medical records and the formal request for authorization form was also not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve root block injection L5-S1: Upheld

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

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

Decision rationale: The request service is non-certified. According the California MTUS Guidelines, epidural steroid injections may be recommended to facilitate progression in a therapeutic exercise program when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the documentation needs to show that the injured worker was initially unresponsive to conservative treatments and that the injection will be performed using fluroscopic guidance. In addition, the guidelines state that repeat injections are only supported with objective documented pain relief and functional improvement from previous injections, including at least 50% pain relief with associated reduction in medication use for at least 6-8 weeks. The clinical information submitted for review failed to provide adequate documentation regarding the request. The documentation suggested that the injured worker had had previous injections. However, details regarding those injections, the area treated and the result from injections were not provided in the medical records. In the absence of further documentation, it is unclear whether this is an initial injection or repeat injection. The clinical information submitted for review also failed to provide a formal MRI study to verify the documentation indicating that the injured worker had disc bulging and abutment of the L4 and L5 nerve roots. Further, a full physical examination was not performed on the lumbar spine in the most recent clinical note dated 04/24/2014. Therefore, it is unclear whether the injured worker has neurological deficits which corroborate with the MRI findings. Further, the request failed to indicate whether the injection was being requested for the right side, left side or both. Moreover, the request did not indicate whether the injection was to be performed using fluroscopic guidance. For the reasons noted above, the injured worker does not meet the criteria of an epidural steroid injection at this time. As such, the request is non-certified.