

Case Number:	CM14-0047150		
Date Assigned:	07/02/2014	Date of Injury:	03/09/2003
Decision Date:	08/22/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/15/2014

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 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 57-year-old female with a reported date of injury on 03/09/2003. The mechanism of injury occurred while the injured worker was pushing and pulling a heavy cart stocking and restocking mini bars. The injured worker was diagnosed with a lumbar sprain and strain. Prior treatments included a previous epidural block with 3 months of 80% relief prior to surgery and physical therapy. The injured worker has had a previous EMG which showed a normal study. There was no evidence of an MRI. In 2007, the injured worker underwent L4-S1 arthrodesis, she had an L4-5 sacral fusion, and on 11/01/2006, she was status post discectomy and fusion of L4-5 and L5-S1. The clinical note dated 01/10/2014 noted the injured worker presented with a positive straight leg raise bilaterally and diminished sensation in the L5 distribution. On 04/04/2014, the injured worker had an examination regarding pain and numbness to her right thigh. The doctor did state preoperatively she did have 80% relief with an epidural block for 3 months. The physician was asking for authorization for a caudal epidural block with selective nerve root block. The injured worker also had an examination on 05/23/2014 which stated that the injured worker was taking Ultram. The examination revealed that her range of motion was quite limited in terms of her lower back and the injured worker had diminished sensation at the L5 distribution, as well as hip flexor weakness. The physician's treatment plan included a recommendation for an epidural block. The request for authorization was not provided and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

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

Decision rationale: The request for the caudal epidural steroid injection is not medically necessary. The injured worker presented with a positive straight leg raise bilaterally and diminished sensation in the L5 distribution. The California MTUS Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies. The guidelines note patients must be initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. Within the provided documentation it was noted the injured worker presented with a positive straight leg raise bilaterally and diminished sensation in the L5 distribution. However, the requesting physician did not include any diagnostic studies to corroborate the findings of neurologic deficit. Therefore, the request for the caudal epidural steroid injection is not medically necessary.

Lumbar selective nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

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

Decision rationale: The request for lumbar selective nerve block is not medically necessary. The injured worker presented with a positive straight leg raise bilaterally and diminished sensation in the L5 distribution. The California MTUS Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies. The guidelines note patients must be initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. Within the provided documentation it was noted the injured worker presented with a positive straight leg raise bilaterally and diminished sensation in the L5 distribution. However, the requesting physician did not include any diagnostic studies to corroborate the findings of neurologic deficit. There was no evidence of diagnoses provided to warrant the medical necessity of this block. There was an EMG that was performed that was normal and there were no MRI results provided for review. Therefore, the request for the lumbar selective nerve block is not medically necessary.