

Case Number:	CM14-0049420		
Date Assigned:	08/06/2014	Date of Injury:	08/10/2010
Decision Date:	10/14/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/17/2014

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 and 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 39-year-old male who reported an injury on 08/10/2010. The injured worker was on a building removing the asbestos approximately 8 feet high on a 12 foot ladder while working on an air conditioner when he slipped and fell, knocking him down on the floor, causing multiple injuries. He sustained injuries to his left clavicle, his back, neck, shoulder, and hips. The injured worker's treatment history included numerous physical therapy sessions, chiropractic treatment sessions, medications, psychiatric evaluations, x-rays, and lumbar spine epidural injections. The injured worker had received epidural steroid injections approximately since 08/2013 with estimated 20% of pain relief lasting up to 2 months to 3 months. The injured worker was evaluated on 08/13/2014 and it was documented that the injured worker complains of diffuse pain in the neck and upper and low back that radiates to the left leg all the way down to the left foot. It was documented the provider stated there was no response to the request for surgical consultation. The injured worker had an MRI on 03/04/2014 revealed mild disc bulging at L1-2, a 2 mm bulge at L2-3 to L4 which resulted in borderline "spian" stenosis, B/L "formainal" exit zone compromise, and 2 mm to 3 mm bulge at L4-5 compressing L5 root. Diagnoses included chronic pain/DO multifactorial, chronic neck pain, radiculitis, chronic LBP, chronic left shoulder pain, S/P clavicle ORIF, and gait derangement. The Request for Authorization 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:

Transforaminal selective nerve root block with fluoroscopy and conscious sedation at left L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Low Back

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

Decision rationale: The requested service is not medically necessary. 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 electrodiagnostic testing. Injured workers must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). However, there was no home exercise regimen indicated for the injured worker. In addition, the provider stated the injured worker has undergone previous epidural steroid injections; however, the MRI did not show significant pathology at L4-5 with the nerve root compression. Given the above, the request for Transforaminal selective nerve root block with fluoroscopy and conscious sedation at left L4, L5 is not medically necessary.