

Case Number:	CM14-0058812		
Date Assigned:	07/09/2014	Date of Injury:	08/05/2002
Decision Date:	09/05/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/29/2014

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, has a subspecialty in 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 72-year-old female who sustained a neck and lower back injury on August 5, 2002. This occurred in the context of a motor vehicle accident. The patient has had conservative care with physical therapy, activity modification, pain medication, facet blocks, trigger point injections, and medial branch Rhizotomy. The patient has had an MRI of the lumbar spine which demonstrated broad based disc protrusion noted at the L4-L5 level which encroaches upon the ventral aspect of the thecal sac. The disputed request is or for a repeat right L4-L5 selective nerve root block/transforaminal epidural steroid injection. A utilization review determination had noncertified this request. The stated rationale was that there was "no corroboration from imaging or electrodiagnostic testing to support this request despite the reported 90% improvement from a previous block."

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection foramen epidural I/s: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines; American Academy of Neurology, (Armon, 2007);.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section, page(s) 47 Page(s): 47.

Decision rationale: A progress note on service May 14th 2014 documents that the patient has had previous selective nerve root blocks. On August 7, 2013 the patient had a 95% improvement from an L4 and L5 selective nerve root block. On October 3, 2012 the patient had 90% improvement in her symptoms for approximately 4 weeks from the right L4 and right L5 selective nerve root block. On examination the patient has positive straight leg raise at 65 on the left side. She had tenderness at the right sciatic notch. There is reported improvement in sensation of the anterior thigh following prior injections. The patient has decreased sensation in the right L4 and right L5 distribution. The guidelines recommend for repeat injections at least 50% improvement for 6 to 8 weeks. In this case, the timeline of duration of medical improvement following selective nerve root block is unclear. The progress note from as early as January 15, 2014 indicates that the pain relief from the August 2013 selective nerve root block has worn off and the pain has returned. Without further clarification of the duration of pain relief, which is a criteria for repeat injections, this request is not medically necessary at this time.