MAXIMUS Federal Services

Case Number:	CM14-0070926		
Date Assigned:	07/14/2014	Date of Injury:	03/05/2007
Decision Date:	08/29/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 63-year-old male who reported injury on 03/05/2007, reportedly due to repetitive sanding. He reported pain on his right shoulder/arm/hand. The injured worker had also sustained injuries to his forehead, hands, arms, and right knee when he tripped over a tool. The injured worker's treatment history included MRI, medications, X-ray, and epidural steroid injections. The injured worker had undergone an MRI that revealed posterior fusion at the L4-5 level with metallic prosthesis in satisfactory position with an interbody prosthesis in place. There was mild hypertrophic changes of the lumbar spine with decrease in the L3-4 disc level. The injured worker was evaluated on 07/08/2014 and it was documented he complained of low back pain. The pain was accompanied by tingling, frequently in the bilateral lower extremities to the level of the foot. The pain was aggravated by activity and walking, and was rated at 5/10 in intensity with medications, and at 8/10 without medications. Physical examination of the lumbar spine revealed spasms noted at L3-S1 in the bilateral paraspinous musculature. Tenderness was noted upon palpation in the bilateral paravertebral area at the L4-S1 levels. The range of motion at the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Sensory exam shows decreased sensitivity to touch along the L4-S1 dermatome in both extremities. Motor exam shows decreased strength of the extensor muscles and flexor muscles in the bilateral extremities. Achilles reflexes were decreased on the right. Straight leg raise with the injured worker in the seated position was positive bilaterally at 70 degrees. The provider noted the injured worker had failed conservative treatment, including drug therapy, activity modifications, and/or physical therapy, and wishes to proceed with lumbar epidural steroid injections. In the documentation submitted for review the provider noted the injured worker continued to require degenerative selective nerve root block injections; however,

outcome measurements after receiving the nerve block was not submitted for this review. Diagnoses included cervical radiculitis, status post cervical spine fusion, chronic pain other, failed back surgery syndrome, lumbar radiculopathy, status post fusion, lumbar spine, gastroesophageal reflux disorder, and hypertension. 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:

Diagnostic selective nerve root block injection at C8; right: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

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

Decision rationale: MTUS Chronic Pain Medical 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 injections 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. ESIs are recommended for patients who are initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The provider noted the injured worker has failed all conservative care measures; however, there was no home exercise regimen indicated for the injured worker. In addition, the provider noted that the injured worker has undergone previous epidural steroid injections; however, the outcome measurements were not provided. Given the above, the request for is not medically necessary.