

Case Number:	CM14-0008100		
Date Assigned:	02/12/2014	Date of Injury:	07/07/2011
Decision Date:	04/16/2015	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 41-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 7, 2011. In a Utilization Review Report dated January 3, 2014, the claims administrator denied a request for an L5 selected nerve root block (AKA) epidural steroid injection. A December 24, 2013 progress note was referenced in the determination. The claims administrator contended that the applicant had had an early epidural steroid injection on October 31, 2013 and noted that the said injection was in fact ineffectual. The applicant's attorney subsequently appealed. On December 24, 2013, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant had various comorbidities, including diabetes and sleep apnea. The applicant's medications included Zestril, Motrin, glipizide, Lyrica and metformin. The applicant last worked in 2011. The applicant had not worked since the date of injury, it was acknowledged. The attending provider seemingly suggested the applicant to consider a repeat selective nerve root block and/or repeat steroid injection. The applicant was placed off of work, on total temporary disability, on progress notes of December 9, 2013 and January 29, 2014. The applicant was using a variety of medications including Lyrica, tramadol, Vicodin, and Motrin. The applicant reported pain complaints as high to 8-9/10, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELECTIVE NERVE ROOT BLOCK RIGHT L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: No, the request for a selective nerve root block (AKA epidural steroid injection) was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the request in question represents a request for a repeat epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections or selective nerve root blocks are predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work, on total temporary disability despite receipt of at least one prior epidural steroid injection. The applicant continued to report pain complaints as high as 8 to 9/10 despite receipt of the prior epidural steroid injections. The applicant continued to use a variety of analgesic and adjuvant medications, including Lyrica, Motrin, tramadol, Vicodin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of at least one prior epidural steroid injection. Therefore, the request for a repeat epidural steroid injection was not medically necessary.