

Case Number:	CM14-0140866		
Date Assigned:	09/10/2014	Date of Injury:	12/07/1995
Decision Date:	12/10/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 12-7-1995. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), failed back surgery syndrome and lumbar radiculopathy. Medical records dated 7-24-2014 and 8-7-2014 indicate the injured worker complains of back pain stating "I am still in so much pain, I feel like I did before I had my pump." The treating physician indicates decreased activity due to pain. Physical exam dated 8-7-2014 notes "neatly groomed and laying on table in position of comfort." Treatment to date has included L5-S1 transforaminal epidural steroid injection, implanted pain pump, injection, oral medication and activity alteration. The original utilization review dated 8-19-2014 indicates the request for nerve block at left L4-L5 X1 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Block at Left L4-L5 x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Review indicates the patient had previous lumbar epidural injections with noted 50% relief for approximately 6 months; however, the most recent nerve block on 8/4/14 did not provide significant relief with continued unchanged pain symptoms and functional status. MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific radicular findings, myotomal/ dermatomal neurological deficits or remarkable correlating diagnostics (MRI in 2008) to support the nerve blocks. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified acute pathological lesion noted. The Nerve Block at Left L4-L5 x1 is not medically necessary and appropriate.