MAXIMUS Federal Services

Case Number:	CM14-0145642		
Date Assigned:	09/12/2014	Date of Injury:	08/04/2012
Decision Date:	01/16/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 4, 2012.In a Utilization Review Report dated August 12, 2014, the claims administrator denied a pain management consultation and denied a bilateral L4 selective nerve root injection. The claims administrator noted that the applicant had undergone previous epidural steroid injection therapy, including an epidural steroid injection as recent as January 17, 2013, and had reportedly received only transient relief from the same. The claims administrator stated that its decisions were based on progress notes of July 21, 2014 and June 18, 2014, among others. In a November 17, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the right leg, 7/10. The applicant was using Tramadol, Zanaflex, Norco, Norvasc, Zocor, and Aspirin. Norco, Tramadol, and Zanaflex were, it is incidentally noted, refilled. The applicant was using a cane to move about. A lumbar MRI was sought while the applicant was placed off of work, on total temporary disability. On October 6, 2014, the applicant reported ongoing complaints of low back pain, highly variable, 5-8/10. The applicant was again placed off of work, on total temporary disability. The attending provider reiterated his request for a bilateral L4 selective nerve root injection/epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction section Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant has tried and failed various and sundry treatments, including time, medications, physical therapy, opioid therapy, muscle relaxants, epidural steroid injection therapy, etc. Severe complaints of pain persist. The applicant remains off of work. Obtaining the added expertise of a physician specializing in chronic pain/delayed recovery, such as a pain management consultant, is therefore, indicated. Accordingly, the request is medically necessary.

Bilateral L4 Selective Nerve Root Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

Decision rationale: The request in question does represent a request for repeat epidural steroid injection therapy. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant has failed to demonstrate any functional improvement with at least one prior block. The applicant remains off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco and tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior epidural steroid injection therapy. Therefore, the request for a repeat epidural steroid injection (AKA selective nerve root block) is not medically necessary.