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| Case Number: | CM14-0194216 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 03/12/2014 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 11/06/2014 |
| Priority: | Standard | Application Received: | 11/20/2014 |

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 44-year-old female with an original date of injury of March 12, 2014. The industrial diagnoses include low back pain, lumbar facet arthropathy, SI joint dysfunction, lumbar degenerative disc disease. There are also herniated discs at the levels of L3-L4 and L5-S1 demonstrated on lumbar MRI. The patient has previously received an epidural steroid injection at the left L5 with improvement of 40% in left leg pain. The documents indicate a previous transforaminal epidural steroid injections provided minimal relief on September 8, 2014 and only 40% relief in July 14, 2014. The disputed issue is a request for selective nerve root block according to the IMR application, and the records indicate there was a request for medial branch block. A utilization review determination on November 6, 2014 at nine certified this request. The guideline cited were actually for medial branch blocks, which is a distinct picture from a selective nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management selective nerve root block lower back area (including Lumbar/Lumbar-Sac.): 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, Facet Joint Diagnostic Blocks (Injections) Topic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, Facet Joint Diagnostic Blocks (Injections) Topic.

Decision rationale: In the case of this request, there is some discrepancy between the independent medical review requests and the request as documented from the medical records. The independent medical review request is for a selective nerve root block, but the medical records indicate that the requesting provider wishes to perform a medial branch blocks. According to a progress note on October 29, 2014, the requesting provider wishes to schedule a left L3 through L5 medial branch blocks. This block is not appropriate in this case, because there is documentation of continued radiation of pain into the left leg. The ACOEM guidelines in general do not recommend invasive techniques for the lumbar spine because of a lack of evidence. The more permissive Official Disability Guidelines do allow for medial branch blocks, but they are not recommended in cases where there is documentation of radicular pain. If the requests were interpreted to mean a request for a selective nerve root block, which is similar to a transfer on all epidural steroid injection, the criteria are also not met for this. The reason for this is that there is documentation of previous transforaminal epidural steroid injections with minimal relief on September 8, 2014 and only 40% relief in July 14, 2014. The guidelines recommend for repeat injection documentation of at least 50% benefit in pain score. Therefore this request is not medically necessary.