MAXIMUS Federal Services

Case Number:	CM14-0205828		
Date Assigned:	12/17/2014	Date of Injury:	11/21/2011
Decision Date:	02/13/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/09/2014

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:

Patient is a 51 year-old male with date of injury 11/21/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/29/2014, lists subjective complaints as pain in the low back. MRI of the lumbar spine from 10/02/2014 was notable for lateral recess stenosis on the left at L4-5 with mild foraminal narrowing at L4-5 bilaterally. At L5-S1, there was mild foraminal narrowing on the left. Patient is status post left L5/left S1 nerve root blocks on 06/25/2014, and noted 70-80% improvement in pain symptoms. Objective findings: Examination of the lumbar spine revealed some loss of normal lumbar lordosis, but tenderness was absent on palpation of the regional structures. Range of motion was limited, with left-sided low back pain reproduced at the extremes of flexion and extension. Straight leg raise was positive on the left, negative on the right. Lower extremities were neurologically intact. Diagnosis: 1. Chronic low back pain (much greater to the left), with bilateral lower extremity radiculitis 2. Status post acute aggravation of chronic low back pain 3. Status post acute lumbosacral spine musculoligamentous strain/contusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 nerve root block: Overturned

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

Treatment in Workers Compensation (TWC), Low Back, Chapter, Epidural Steroid Injections (2014)

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In the case of this patient, the patient received excellent pain relief from the last lumbar epidural steroid injection which appears to have an effective for greater than at least 3 months. I am reversing the previous utilization review decision. Bilateral L5 nerve root block is medically necessary