

Case Number:	CM15-0000483		
Date Assigned:	01/12/2015	Date of Injury:	10/03/2013
Decision Date:	03/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/02/2015

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, Ohio, 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:

This 45-year-old male sustained a work-related injury to the neck, right shoulder and lower back on 10/3/2013 due to a motor vehicle accident. The progress notes dated 10/31/2014 state his diagnoses as lumbar herniated disc and cervical strain. He reports pain in the lower back and neck with flexion and extension. Previous treatments included non-steroidal anti-inflammatory drugs (NSAIDs), chiropractic and physical therapy. The treating provider requests lumbar selective nerve root block, S1, under fluoroscopic guidance. The Utilization Review on 12/5/2014 non-certified lumbar selective nerve root block, S1, under fluoroscopic guidance, citing CA MTUS guidelines for epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Selective Nerve Root Block, S1 under fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

Decision rationale: FILE NUMBER: CM15-0000483 CLINICAL SUMMARY: The applicant is a represented 45-year-old, who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of October 3, 2013. In a Utilization Review Report dated December 5, 2014, the claims administrator denied a request for lumbar selective nerve root block at the S1 level. The applicant's attorney subsequently appealed. The applicant had previously undergone multiple lumbar spine surgeries, including most recently on June 11, 2014. In a handwritten note dated February 31, 2014, the applicant was placed off of work, on total temporary disability owing to ongoing complaints of low back pain. The applicant was asked to proceed with an unspecified injection while remaining off of work, on total temporary disability. In an earlier note dated September 25, 2014, the applicant was asked to remain off of work, on total temporary disability, while pursuing physical therapy and manipulative therapy. In a medical-legal evaluation dated November 4, 2014, the applicant reported multifocal complaints of neck, shoulder, and low back pain. The medical-legal evaluator noted that the applicant had been terminated by his former employer and was receiving total temporary disability (TTD) benefits. The applicant did report complaints of low back pain radiating to the left leg. The medical-legal evaluator gave the applicant various impairment ratings and permanent work restrictions. The medical-legal evaluator contented that the applicant would need physical therapy, manipulative therapy, and medications, going forward. REFERRAL QUESTIONS: 1. No, the lumbar selective nerve root block was not medically necessary, medically appropriate, and indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that selective nerve root blocks (AKA epidural steroid injections) are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its recommendation by noting that this should generally be radiographic and/or electrodiagnostic corroboration of radiculopathy before moving forward with a decision to pursue epidural steroid injection therapy. Here, the attending provider's handwritten progress note of October 31, 2014, did not contain any references to the applicant's having radiographic and/or electrodiagnostically confirmed lumbar radiculopathy. It was not stated whether the injection was intended for diagnostic effect or for therapeutic effect. Little to no narrative commentary or rationale accompanied the request for authorization or application for Independent Medical Review. Therefore, the request is not medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 46, Epidural Steroid Injections topic.