

Case Number:	CM15-0002255		
Date Assigned:	01/13/2015	Date of Injury:	09/16/2011
Decision Date:	03/12/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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: California
 Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on September 16, 2011. He has reported bilateral shoulder, lower back, and right hip pain. The diagnoses have included lumbar/lumbosacral disc degeneration, lumbosacral neuritis, bursitis, sacroilitis, and ankylosing spondylitis. Treatment to date has included x-rays, MRI, heat/ice, massage therapy, physical therapy with manual therapy, ultrasound, and therapeutic exercises; TENS (transcutaneous electrical nerve stimulation), a functional restoration program (FRP), home exercise program, walks with a cane, epidural steroid injections, and anti-epilepsy, pain, and muscle relaxant medications . Currently, the injured worker complains of decreased lower back and right hip pain, and difficulty sleeping. He reports a lot of pain with sitting, continued struggling with activity, and difficulty doing his home exercise program that he learned at functional restoration program (FRP). He reports 50% benefit from the lumbar epidural steroid injection on November 24, 2014. On December 26, 2014 Utilization Review non-certified a request for a repeat lumbar nerve root block (Right L5, Right S1), noting the lack of evidence of 6-8 weeks pain relief of at least 50% form the prior nerve root block, and the lack of physical exam evidence of radiculopathy in the L5-S1 distribution. The Medical Treatment Utilization Schedule (MTUS) guidelines for epidural steroid injections (ESIs) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT - LUMBAR NERVE ROOT BLOCK (RIGHT L5, RIGHT S1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: This injured worker's DOI is 09/16/2011. The patient receives treatment for chronic low back and shoulder pain and right hip pain. On 11/26/2014 the patient received an a lumbar ESI which caused a 50% reduction o the pain. The ESI guidelines state that a number of criteria must be documented in order to support ESIs. There must be clinical evidence of radicular signs and symptoms along with either imaging results or electrophysiologic testing results that support the diagnosis of radicular pain. In addition, there must be evidence of at least 6 weeks of relief from the first injection. In this case the documentation provided does not meet this threshold. A repeat ESI is not medically indicated.