

Case Number:	CM15-0003987		
Date Assigned:	01/15/2015	Date of Injury:	05/30/2011
Decision Date:	03/17/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/08/2015

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: Utah, Arkansas
 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 68 year old male, who sustained an industrial injury on 5/30/11. The injured worker complains of lower lumbar spine pain that radiates into the right leg. The documentation noted that he has a positive right straight leg raising test. The diagnoses have included lumbar protrusion L4-L5, L5-S1; T11-T12 protrusion and right leg radiculopathy. Treatment to date has included redo hemilaminotomy and redo L4 microdiscectomy with extraforaminal decompression, X-rays, medications, physical therapy and epidural blocks. According to the utilization review performed on 12/13/14, the requested 1 Selective Nerve Root Block with fluoroscopy to right L4-S1, 1 Outpatient Facility and Retrospective (DOS 11/13/14) 1 Toradol 60mg injection has been non-certified. Epidural steroid injections Criteria/Guidelines Applied; ODG, Pain (Acute and Chronic) and CA Chronic Pain Medical Treatment Guidelines (May 2009) used.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Selective Nerve Root Block with fluoroscopy to right L4-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46..

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a nerve root block injection. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. The patient has undergone two previous injections, with not much relief. According to the clinical documentation provided and current MTUS guidelines; a nerve root block injection is not indicated as a medical necessity to the patient at this time.

1 Outpatient Facility: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46..

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a nerve root block injection. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. The patient has undergone two previous injections, with not much relief. According to the clinical documentation provided and current MTUS guidelines; a nerve root block injection is not indicated as a medical necessity to the patient at this time. Therefore the outpatient request is not deemed as a medical necessity as well.

Retrospective (DOS 11/13/14) 1 Toradol 60mg injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Ketorolac - NSAIDS Page 72.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Toradol. MTUS guidelines state the following: This medication is not indicated for minor or chronic painful conditions. According to the clinical documentation provided and current MTUS guidelines; Toradol is not indicated as a medical necessity to the patient at this time.