MAXIMUS Federal Services

Case Number:	CM15-0107940		
Date Assigned:	06/12/2015	Date of Injury:	10/20/2011
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/04/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 42 year old female who sustained a work related injury October 20, 2011. Past history included left knee arthroscopic surgery December 2013, arthroscopic debridement and reconstruction of the ACL (anterior cruciate ligament), left knee, September 2, 2104. Progress notes, dated November 11, 2014, documented nerve conduction study of August 27, 2013, revealing radiculopathy L5-S1. The most recent progress note, an orthopedic re-evaluation, dated December 29, 2014, finds the injured worker completed 24 sessions of post-operative physical therapy for the left knee. She is wearing a de-rotation brace and almost has full extension. She reports weakness and pain between the patella and trochlea. She also continues to complain of pain in the cervical spine, mid-back and lower back region. She has been under care of another physician for the lower back for a 4-5mm disc. She has received recent physical therapy for her cervical spine. Assessment is documented as musculoligamentous strain of the cervical and lumbar spine; 4-5mm disc L4-5; Grade III chondromalacia of the patella. Treatment plan included continuing quadriceps exercise program, medication, and epidural steroid injection (unspecified). At issue, is the request for authorization for a selective left L5 and S1 nerve root blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective left L5 and S1 nerve root blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, there are no imaging or electrodiagnostic studies confirming a diagnosis of radiculopathy. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.