

Case Number:	CM15-0109759		
Date Assigned:	06/16/2015	Date of Injury:	02/21/2012
Decision Date:	07/15/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

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:

This 70 year old male sustained an industrial injury to the low back on 2/21/12. Previous treatment included magnetic resonance imaging, lumbar fusion, injections, spinal cord stimulator trial and medications. Magnetic resonance imaging lumbar spine (3/2015) showed L4-5 disc herniation impinging the traversing L5 nerve root and moderate central canal stenosis at L2-3. The injured worker underwent left L4 and L5 nerve root block on 4/20/15. In a surgical evaluation dated 5/4/15, the injured worker complained of recent worsening left leg pain as well as some persistent back pain. The injured worker reported 50% pain relief following recent nerve root block but the pain was starting to recur at the time of the exam. Physical exam was remarkable for lumbar spine with excellent range of motion, bilateral lower extremities with 4/4 strength throughout, intact sensation to light touch with no upper motor neurologic signs present. The injured worker walked with a normal, non-antalgic gait. The physician recommended noncertified-operative treatment with injections. In a pain management clinic note dated 5/14/15, the injured worker reported that following the injection he had been sleeping and functioning better. The injured worker currently complained of low back pain with radiation to the left leg. Current diagnoses included lumbar post laminectomy syndrome and lumbar spine radiculopathy. The treatment plan included repeat left L4-5 nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided left L4-5 root block w/monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines epidural steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant sustained a work injury in February 2012 and is being treated for review low back pain. Prior treatments have included a lumbar fusion, medications, and a spinal cord stimulator trial. When seen, a two level lumbar epidural injection had provided 50% pain relief lasting for two weeks. A normal physical examination is documented. The procedure report from the injection performed was provided and documents clear flow of the medication injected into the epidural space and over the exiting nerve roots. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. In this case, there was improvement after the first injection but with a return of symptoms. The request for a second injection was appropriate. However, MAC (monitored anesthesia care) anesthesia is also being requested for the procedure. There is no indication for the use of MAC anesthesia and therefore this request is not medically necessary.