

Case Number:	CM15-0014836		
Date Assigned:	02/03/2015	Date of Injury:	08/13/2014
Decision Date:	04/15/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/27/2015

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: 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:

The injured worker is a 41 year old female dishwasher, who sustained a work related injury August 13, 2014. She slipped and tripped on a wet floor, hit a metal table and fell down hitting her buttock on the ground with complaints of pain to the right shoulder and lower back. Treatment included pool and land based physical therapy, anti-inflammatory and narcotic medications without sustained relief. She presently complains of back pain without sciatica. According to a physician's report, dated January 9, 2015, she has a slow but stable gait with guarding of the lumbar spine and tenderness to palpation of the distal lumbar spine. There is mild extensor longus weakness bilaterally, with subjective mild dysesthesias of the left thigh. Straight leg raise elicits low back pain, right greater than left at 90 degrees. MRI of the lumbar spine dated October 20, 2014 shows mild disk desiccation at L4-5 and to a lesser degree at L5-S1; L4-5 there is broad-based disc bulge with some facet ligamentum thickening resulting in mild central canal and mild to moderate foraminal stenosis; small disk bulge L5-S1. Impression is documented as persistent lumbago, s/p fall, sprained shoulder and lumbosacral neuritis. Treatment includes continued conservative treatment with back brace, physical and aqua therapy and medications (ibuprofen and Vicodin), and in Oct 2014 an epidural steroid injection was approved although there is no documentation that it was done. The present request is for authorization for consultation regarding possible epidural or facet joint injections. According to utilization review, dated January 26, 2015, the request for Bilateral L4 Nerve Blocks is non-certified, citing ODG (Official Disability Guidelines), Low Back Chapter. The request for one (1) Consultation with Physiatrist for bilateral nerve block is non-certified, citing MTUS ACOEM Practice Guidelines and ODG (Official Disability Guidelines), Low Back Lumbar & Thoracic (Acute & Chronic) Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 nerve blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Selective nerve root blocks: Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 309-10, Chronic Pain Treatment Guidelines Epidural Steroid Injections and Blocks Page(s): 39-40, 46. Decision based on Non-MTUS Citation American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Source: <http://www.guideline.gov/content.aspx?id=45379#Section420>.

Decision rationale: Transforaminal selective nerve root block is a specialized form of epidural steroid injection in that it injects the medication directly into the area of the isolated spinal nerve roots. This procedure is recommended when isolated lumbar nerve root irritation is more clearly suspected, at which point it can provide useful diagnostic information as well as deliver more specifically targeted steroid treatment. According to the American Society of Interventional Pain Physicians evidence for accuracy of diagnostic lumbar selective nerve root blocks is limited and diagnostic selective nerve root blocks are only recommended in the lumbar spine in select patients with an equivocal diagnosis and involvement of multiple levels. The evidence for therapeutic transforaminal epidural injections, however, is good in managing disc herniation or radiculitis. In general, the MTUS considers epidural steroid injections an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendation is for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection [Note: rarely a third injection may be required]. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. This patient has failed conservative treatment and does have imaging evidence of disease, however, history and examination are very non-specific for impingement of the L4 nerve roots. At this point in the care of the patient medical necessity for this procedure has not been established.

One (1) consult with physiatrist for bilateral L4 nerve block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chp 1 pg 1-7; Chp 2 pg 23, 25, 31; Chp 5, pg 86-7, 90, 92, Chp 12, pg 288, 301, 304-6, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: It is well known that there are multiple barriers to recovery from work related injuries and psychosocial barriers are common. Frequently the patient's condition has caused development of an associated psychological condition that will require ongoing treatment. Psychological evaluations are in wide spread use for chronic pain populations for these reasons and are effective in distinguishing these barriers and determining psychosocial interventions and effective rehabilitation. They are also important for pre-surgical evaluations to ensure preexisting and/or coexisting medical or psychosocial issues that may delay recovery are appropriately addressed. The ACOEM guideline specifically recommends a psychosocial evaluation prior to diskography since this procedure has been linked to chronic post-procedural pain in subjects with emotional problems. This patient has chronic low back pain. Her symptoms have not improved despite appropriate conservative care. The provider is now considering an invasive procedure. A pre-procedure psychological evaluation is appropriate to assess for psychosocial conditions that may delayed his patient's recovery or may affect recovery from future treatments such as surgical interventions. Medical necessity for this evaluation has been established.