

Case Number:	CM15-0149847		
Date Assigned:	08/13/2015	Date of Injury:	09/19/2013
Decision Date:	09/10/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 50-year-old male, who sustained an industrial injury on 09-19-2013. The injured worker was noted to have received a low back injury while working as a technician. On provider visit dated 06-29-2015 the injured worker has reported back pain (lower back and sacral). On examination of the lumbar spine revealed a decreased range of motion and sacral hip flexion, angle range of motion was noted decreased as well. No subluxation was noted on flexion-extension of the spine and paraspinal muscles were moderately tender to palpation. The diagnoses have included status post fusion decompression L4-L5, anterior fusion and removal of hardware. Treatment to date has included medication, physical therapy, laboratory studies and surgical intervention. The provider requested lumbar epidural block L3-L4 level and bilateral lumbar L5 transforaminal block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Block, L3-L4 level, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural block, L3-L4, Qty 1 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, 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 6 to 8 weeks.etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnoses are possible lumbar discogenic pain/possible bilateral lumbar facet pain, L3-L4 and L5-S1/possible lumbar sprain strain; status post lumbar fusion L4-L5 with possible discogenic pain involving L3-L4; bilateral lumbar radicular pain L3, left more than right; right wrist sprain strain; and left knee sprain strain. The date of injury is September 19, 2013. The request for authorization is July 14, 2015. According to progress note dated July 2, 2015, the injured worker's subjective complaints are constant low back pain radiating into both lower extremities associated with tingling, numbness, weakness, and cramps and burning. Objectively, there is no neurologic objective evidence of radiculopathy. The sensory examination shows hypoalgesia of L3 nerve root bilaterally left more pronounced than right. There is no documentation demonstrating radiculopathy at the L5 level. The utilization review indicates there was a request for a bilateral L3 transforaminal block that was approved July 21, 2015. There is no compelling clinical indication for a repeat request for an L3-L4 epidural block. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines and a prior authorization (according to the UR) dated July 21, 2015 for a bilateral transforaminal L3 lumbar epidural block, lumbar epidural block, L3-L4, Qty 1 are not medically necessary.

Bilateral Lumbar L5 Transforaminal Block, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bilateral lumbar L5 transforaminal block, Qty 1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated

by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, 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 6 to 8 weeks. etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnoses are possible lumbar discogenic pain/possible bilateral lumbar facet pain, L3-L4 and L5-S1/possible lumbar sprain strain; status post lumbar fusion L4-L5 with possible discogenic pain involving L3-L4; bilateral lumbar radicular pain L3, left more than right; right wrist sprain strain; and left knee sprain strain. The date of injury is September 19, 2013. The request for authorization is July 14, 2015. According to progress note dated July 2, 2015, the injured worker's subjective complaints are constant low back pain radiating into both lower extremities associated with tingling, numbness, weakness, and cramps and burning. Objectively, there is no neurologic objective evidence of radiculopathy. The sensory examination shows hypoalgesia of L3 nerve root bilaterally left more pronounced than right. There is no documentation demonstrating objective evidence of radiculopathy at the L5 level. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and objective evidence of radiculopathy at L5, bilateral lumbar L5 transforaminal block, Qty 1 is not medically necessary.