MAXIMUS Federal Services

Case Number:	CM15-0163060		
Date Assigned:	08/31/2015	Date of Injury:	09/17/2012
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 injured worker is a 63-year-old male who reported an industrial injury on 9-17-2012. His diagnoses, and or impressions, were noted to include: left lumbar 4 & 5 radiculopathy with left lower extremity weakness, disc extrusion contacting the nerve root with severe neural foraminal stenosis; bilateral lumbar 5 pars defects; and lumbar facet joint arthropathy. No current imaging studies were noted. His treatments were noted to include an agreed medical examination; medication management and modified work duties. The progress notes of 3-18-2015 noted a re-evaluation of radiating bilateral lower back pain, into the left lateral thigh and calf, with little relief from Lyrica, and with symptoms of somnolence. Objective findings were noted to include an obese male in no acute distress; tenderness of the lumbar para-spinal muscles; positive bilateral lumbar discogenic provocative maneuvers, left straight leg raise test; and decreased sensation in the left lumbar 4 & 5. The physician's requests for treatments were noted to include a fluoroscopic guided lumbar nerve root block, which was originally requested 11-19-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) fluoroscopically-guided left L4 and L5 selective nerve root block: Upheld

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

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, and Epidural Steroid Injections, diagnostic.

Decision rationale: Recommended in selected cases as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed, in part, as a diagnostic technique to determine the level of radicular pain. The role of these blocks has narrowed with the advent of MRIs. Few studies are available to evaluate diagnostic accuracy or post-surgery outcome based on the procedure and there is no gold standard for diagnosis. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. (Sasso, 2005) (Datta, 2013) (Beynon, 2013) Indications for diagnostic epidural steroid injections: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. Per the medical records submitted for review, it was noted that the injured worker was able to decrease his Norco intake following his 7/17/2014 epidural steroid injection. He received 65% relief of his low back pain and 40% relief of his lower extremity radicular symptoms. However, there was no documentation as to how long relief lasted. Per the MTUS guidelines, the criteria for repeat injection mandate 6-8 weeks of pain relief. Absent such documentation, medical necessity cannot be affirmed. This request is not medically necessary.