

Case Number:	CM15-0186445		
Date Assigned:	10/26/2015	Date of Injury:	03/30/2006
Decision Date:	12/07/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/22/2015

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 63 year old male, who sustained an industrial injury on 03-30-2006. He has reported injury to the low back. The diagnoses have included chronic low back pain; lumbar radiculopathy; failed back surgery syndrome; and myofascial pain. Treatment to date has included medications, diagnostics, bilateral transforaminal L5-S1 epidural steroid injections, home exercise program, and lumbar laminectomy. Medications have included Norco, Ibuprofen, and Amitriptyline. A progress report from the treating physician, dated 08-24-2015, documented a follow-up visit with the injured worker. The injured worker reported worsening back pain and lower extremity pain since his last visit; he is here a month early from his scheduled appointment due to the increase in pain in his back; he would like to receive an epidural steroid injection if possible to help treat his increased back pain; his pain is worse with standing and walking; the pain is rated at a 7 out of 10 on visual analog scale this visit; his pain is relieved with sitting and medications; and his current medications help to decrease his pain which allows him to do his activities of daily living with less pain. Objective findings included some tenderness to palpation over his bilateral lumbar paraspinal muscles, slightly greater on the right side than on the left at this visit; and he does have pain in his bilateral legs, which is greater on the right than on the left with straight leg raise. The treatment plan has included the request for bilateral L5-S1 selective nerve root block. The original utilization review, dated 09-01-2015, non-certified the request for bilateral L5-S1 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Selective nerve root block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bilateral L5 - S1 selective nerve root block 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 lumbar radiculopathy; failed back surgery syndrome; myofascial pain; and malignant melanoma per patient. The date of injury is March 30, 2006. Request for authorization is August 26, 2015. The documentation indicates the injured worker received a prior transforaminal epidural steroid injection on March 27, 2015 (authorized outside the recommended guidelines). There was no documentation of objective evidence of radiculopathy at that time. There was no documentation demonstrating objective functional improvement with the prior transforaminal ESI performed March 2015. According to an August 24, 2015 progress note, subjective complaints include worsening back pain and lower extremity pain. The injured worker would like an epidural steroid injection, if possible. Pain score is 7/10. Objectively, there is tenderness to palpation over the bilateral lumbar paraspinal muscles. There is pain in the bilateral legs (subjective). There is no documentation with objective evidence of radiculopathy on physical examination. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation with objective evidence of radiculopathy on neurologic evaluation, bilateral L5 - S1 selective nerve root block is not medically necessary.