

Case Number:	CM15-0189037		
Date Assigned:	10/01/2015	Date of Injury:	04/21/2011
Decision Date:	12/04/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, Michigan

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 60 year old male injured worker suffered an industrial injury on 4-21-2011. The diagnoses included chronic low back pain and lumbosacral spondylosis. On 8-31-2015 the treating provider reported gradual worsening low back pain. He awakened with low back pain, stiffness, and spasms. On exam there was non-radicular low back pain with limited posterior flexion due to increased pain. Prior treatment has included medications, he has responded well to Epidural Steroid injections in the past with up to 3-4 months of pain relief. Request for Authorization date was 8-31-2015. The Utilization Review on 9-14-2015 determined non-certification for Right and Left lumbar paravertebral nerve block injection - L3, L4, L5, SI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar paravertebral nerve block injection - L3: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and /or electrodiagnostic testing. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. 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 six to eight weeks with a general recommendation of no more than 4 blocks per region per year. However from a review of the injured workers medical records it is not clear if the request is for Epidural Steroid Injections or for Facet joint injections, the request also exceeds guideline recommendations which state that no more than 2 nerve root levels should be injected in one session, Due to the confusing nature of this request, medical necessity cannot be established. The request is not medically necessary.

Left lumbar paravertebral nerve block injection - L3: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and /or electrodiagnostic testing. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. 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 six to eight weeks with a general recommendation of no more than 4 blocks per region per year. However from a review of the injured workers medical records it is not clear if the request is for Epidural Steroid Injections or for Facet joint injections, the request also exceeds guideline recommendations which state that no more than 2 nerve root levels should be injected in one session, Due to the confusing nature of this request, medical necessity cannot be established. The request is not medically necessary.

Right lumbar paravertebral nerve block injection - L4: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and /or electrodiagnostic testing. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in

more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. 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 six to eight weeks with a general recommendation of no more than 4 blocks per region per year. However from a review of the injured workers medical records it is not clear if the request is for Epidural Steroid Injections or for Facet joint injections, the request also exceeds guideline recommendations which state that no more than 2 nerve root levels should be injected in one session, Due to the confusing nature of this request, medical necessity cannot be established. The request is not medically necessary.

Left lumbar paravertebral nerve block injection - L4: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and /or electrodiagnostic testing. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. 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 six to eight weeks with a general recommendation of no more than 4 blocks per region per year. However from a review of the injured workers medical records it is not clear if the request is for Epidural Steroid Injections or for Facet joint injections, the request also exceeds guideline recommendations which state that no more than 2 nerve root levels should be injected in one session, Due to the confusing nature of this request, medical necessity cannot be established. The request is not medically necessary.

Right lumbar paravertebral nerve block injection - L5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and /or electrodiagnostic testing. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. 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 six to eight weeks with a general

recommendation of no more than 4 blocks per region per year. However from a review of the injured workers medical records it is not clear if the request is for Epidural Steroid Injections or for Facet joint injections, the request also exceeds guideline recommendations which state that no more than 2 nerve root levels should be injected in one session, Due to the confusing nature of this request, medical necessity cannot be established. The request is not medically necessary.

Left lumbar paravertebral nerve block injection - L5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and /or electrodiagnostic testing. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. 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 six to eight weeks with a general recommendation of no more than 4 blocks per region per year. However from a review of the injured workers medical records it is not clear if the request is for Epidural Steroid Injections or for Facet joint injections, the request also exceeds guideline recommendations which state that no more than 2 nerve root levels should be injected in one session, Due to the confusing nature of this request, medical necessity cannot be established. The request is not medically necessary.

Right lumbar paravertebral nerve block injection - S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and /or electrodiagnostic testing. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. 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 six to eight weeks with a general recommendation of no more than 4 blocks per region per year. However from a review of the injured workers medical records it is not clear if the request is for Epidural Steroid Injections or for Facet joint injections, the request also exceeds guideline recommendations which state that

no more than 2 nerve root levels should be injected in one session, Due to the confusing nature of this request, medical necessity cannot be established. The request is not medically necessary.

Left lumbar paravertebral nerve block injection - S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and /or electrodiagnostic testing. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. 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 six to eight weeks with a general recommendation of no more than 4 blocks per region per year. However from a review of the injured workers medical records it is not clear if the request is for Epidural Steroid Injections or for Facet joint injections, the request also exceeds guideline recommendations which state that no more than 2 nerve root levels should be injected in one session, Due to the confusing nature of this request, medical necessity cannot be established. The request is not medically necessary.