

Case Number:	CM15-0200208		
Date Assigned:	10/15/2015	Date of Injury:	04/16/2014
Decision Date:	12/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, New York, 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 applicant is a represented 42-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 16, 2014. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for selective nerve root blocks at L4-L5 and L5-S1. A June 26, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On July 24, 2015, the applicant reported ongoing complaints of low back pain, moderate intensity. The applicant was using a lumbar support, it was reported. The applicant had derivative issues with depression, psychological stress, and anxiety, it was incidentally noted. Ongoing complaints of low back pain radiating into right lower extremity were present. On an acupuncture note dated June 22, 2015, the applicant's acupuncturist stated that the applicant was working full time. On May 20, 2015, the applicant's primary treating provider (PTP) also reported that the applicant was working regular duty, despite ongoing complaints of low back pain radiating to the legs. The applicant had attended physical therapy and acupuncture, it was reported. On August 26, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, right greater than left. The applicant was on Zestril and Voltaren gel, it was reported. The applicant exhibited an antalgic gait. Tenderness about the greater trochanter of the hip, facet joints, and lumbar paraspinal muscles were noted. Hyposensorium about the right L4-L5 and L5-S1 dermatomes were reported with right lower extremity motor function ranging from 4-5/5 versus 5/5 throughout the left lower extremity. The attending provider stated that the applicant had lumbar MRI imaging demonstrating multilevel degenerative disk disease and

neuroforaminal narrowing at L4-L5 and L5-S1. The applicant had reportedly failed other conservative treatments to include physical therapy and manipulative therapy, the treating provider reported. The attending provider contended that the request in question represented diagnostic blocks. The remainder of the file was surveyed. It did not appear that the applicant had had prior epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 selective nerve root blocks x1: Overturned

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

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

Decision rationale: Yes, the request for a right L4-L5 selective nerve root block (AKA epidural steroid injection) x1 was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the requesting provider stated on August 27, 2015 that the applicant had radiographic corroboration of radiculopathy at the level(s) in question, L4-L5 and L5-S1 and further stated that the block in question represented a first-time block or diagnostic block. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines does support up to 2 diagnostic blocks. Therefore, the request is medically necessary.

Right L5-S1 selective nerve root blocks x1: Overturned

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

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

Decision rationale: Similarly, the request for a right L5-S1 selective nerve root block (AKA epidural steroid injection) was likewise medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the requesting provider reported on August 26, 2015 that the applicant did in fact have partial radiographic corroboration of radiculopathy at the level(s) in question, L4-L5 and L5-S1. The attending provider also stated that the blocks in question represented a diagnostic block or first-time block. Moving forward with the same was indicated, particularly given the applicant's seeming plateau with earlier conservative measures. Therefore, the request is medically necessary.