

Case Number:	CM15-0201879		
Date Assigned:	10/16/2015	Date of Injury:	11/19/2010
Decision Date:	12/28/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 42 year old female who sustained a work-related injury on 11-19-10. Medical record documentation on 8-20-15 revealed the injured worker was being treated for status post L4-5 right sided discectomy on 12-13-12 and lumbosacral radiculitis of right L5-S1. She complained of back pain and reported that it was not well controlled with Norco 10 mg. She rated her pain a 10 on a 10 point scale. Objective findings included a restricted range of motion of the lumbar spine with flexion to 50 degrees, extension to 20 degrees, right lateral bending to 20 degrees and left lateral rotation to 20 degrees. She had a positive straight leg raise on the right side in sitting at 80 degrees. Touch sensation was absent in the right lower extremity. Previous treatment included medication, chiropractic therapy, acupuncture therapy which helped the most and epidural steroid injections which provided short term benefit. A request for right L4 selective nerve root block, left L4 selective nerve root block, right S1 selective nerve root block and left S1 selective nerve root block was received on 9-4-15. On 9-14-15, the Utilization Review physician determined right L4 selective nerve root block, left L4 selective nerve root block, right S1 selective nerve root block and left S1 selective nerve root block were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 selective nerve root block: Upheld

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: According to the California MTUS, epidural steroid injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. Criteria for the use of epidural injections requires that radiculopathy be noted on examination and corroborated by imaging and/or electrodiagnostic studies. It is recommended that epidural steroid injections can be repeated if there is documentation of significant pain relief, improvement in ADL/functions, and decrease in medication utilization following a prior epidural steroid injection. More specifically, "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." Within the records submitted, there is evidence of muscle spasm and restricted range of motion, but no significant evidence of neurologic compromise on examination to warrant this request. Straight leg raise is positive at 80 degrees, but no weakness, or sensory deficits are noted. As such, the request for selective nerve root block is not medically necessary.

Left L4 selective nerve root block: Upheld

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: According to the California MTUS, epidural steroid injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. Criteria for the use of epidural injections requires that radiculopathy be noted on examination and corroborated by imaging and/or electrodiagnostic studies. It is recommended that epidural steroid injections can be repeated if there is documentation of significant pain relief, improvement in ADL/functions, and decrease in medication utilization following a prior epidural steroid injection. More specifically, "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." Within the records submitted, there is evidence of muscle spasm and restricted range of motion, but no significant evidence of neurologic compromise on examination to warrant this request. Straight leg raise is positive at 80 degrees, but no weakness, or sensory deficits are noted. As such, the request for selective nerve root block is not medically necessary.

Right S1 selective nerve root block: Upheld

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: According to the California MTUS, epidural steroid injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. Criteria for the use of epidural injections requires that radiculopathy be noted on examination and corroborated by imaging and/or electrodiagnostic studies. It is recommended that epidural steroid injections can be repeated if there is documentation of significant pain relief, improvement in ADL/functions, and decrease in medication utilization following a prior epidural steroid injection. More specifically, "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." Within the records submitted, there is evidence of muscle spasm and restricted range of motion, but no significant evidence of neurologic compromise on examination to warrant this request. Straight leg raise is positive at 80 degrees, but no weakness, or sensory deficits are noted. As such, the request for selective nerve root block is not medically necessary.

Left S1 selective nerve root block: Upheld

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: According to the California MTUS, epidural steroid injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. Criteria for the use of epidural injections requires that radiculopathy be noted on examination and corroborated by imaging and/or electrodiagnostic studies. It is recommended that epidural steroid injections can be repeated if there is documentation of significant pain relief, improvement in ADL/functions, and decrease in medication utilization following a prior epidural steroid injection. More specifically, "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." Within the records submitted, there is evidence of muscle spasm and restricted range of motion, but no significant evidence of neurologic compromise on examination to warrant this request. Straight leg raise is positive at 80 degrees, but no weakness, or sensory deficits are noted. As such, the request for selective nerve root block is not medically necessary.