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| Case Number: | CM15-0020405 | | |
| Date Assigned: | 02/10/2015 | Date of Injury: | 09/19/2013 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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

Certification(s)/Specialty: Emergency 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 42 year old male who sustained a work related injury September 9, 2013. According to a primary treating physician's progress report dated January 5, 2015, the injured worker presented for a follow-up evaluation. The physician documents that in the past, he has declined to undergo diagnostic injections and although authorized questions having an L4-5 and L5-S1 laminotomy and foraminotomy procedure. He complains of bilateral flank pain and back pain with radiation into the bilateral buttocks and wrapping around into the groin. His symptoms radiate down the anterior and posterior thigh, ending at the knee, rated 9/10 with and without medication. He walks with a normal gait and has a normal heel toe swing through gait, with no evidence of a limp and no weakness walking on the toes or heels. No sensory deficits were noted. Assessment is documented as L4-5 and L5-S1 disc degeneration and stenosis and bilateral lumbar radiculopathy. Recommendations included a request for authorization for a pain management consultation, and schedule surgery pending results of selective nerve root block. Request for pain management consultation is for selective nerve root block at L4-5. Medications listed include Anaprox, Norco, Dulexis, Tramadol, Lyrica and Restoril. Provided records show that patient has been approved for lumbar surgery. According to utilization review dated January 14, 2015, the request for Pain Management Consultation is non-certified, citing Chronic Pain Disorder medical Treatment Guidelines, State of Colorado Department of labor and Employment, 4/27/2007.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back

Decision rationale: Since consultation with pain specialist is for diagnostic nerve root block, this independent medical review will determine medical necessity of nerve block to determine if consultation with pain specialist is medically indicated. MTUS Chronic pain and ACOEM Guidelines do not adequately deal with this topic as it only deals with therapeutic epidural steroid injection and not diagnostic injections. As per Official Disability Guidelines, diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. It may be recommended under certain criteria. 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. When used for diagnostic purposes the following indications have been recommended: 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. As per requesting surgeon, the results of the diagnostic blocks will determine type and level of lumbar surgery. This meets criteria as per ODG criteria. Consultation with pain management for potential diagnostic nerve blocks are medically necessary.