

Case Number:	CM14-0101410		
Date Assigned:	09/16/2014	Date of Injury:	07/30/2013
Decision Date:	10/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old right-hand dominant male who sustained work-related injuries on July 30, 2013. Per May 13, 2014, the injured worker complained of low back pain which rated down to his bilateral legs, right worse than left. He rated his pain level as 9/10 for the low back and 8/10 for his legs. He reported that he did get an injection on March 7, 2014 but did not get any relief from his back pain or leg pain. He actually complained of more pain. Per a qualified medical evaluator report dated August 21, 2014, he underwent magnetic resonance imaging scan of the lumbar spine on September 18, 2013 which noted 2-3 millimeter disk bulges at L3-4 and L4-5 and 2-millimeter at L5-S1 based with normal bilateral lower extremity electromyogram/nerve conduction velocity studies dated July 29, 2014. Per August 11, 2014 report, the injured worker complained of neck pain which radiates down the left upper extremity. He also complained of constant low back pain that radiates down the bilateral lower extremities, right side greater than left. Pain was accompanied by numbness frequently in the bilateral lower extremities to the feet with tingling sensation. He rated his pain as 8/10 with medications and 9/10 without medications. He was also noted to have undergone transforaminal epidural steroid injection on March 7, 2014 and reported no (less than 5%) overall improvement. Most recent progress notes dated September 15, 2014 noted that the injured worker complained of low back pain with radiation down the bilateral legs worse on the right. He rated his pain as 9/10. Lumbar examination noted tenderness over the bilateral lumbar paraspinal musculature. Active range of motion was limited in all planes. Straight leg raising test was positive bilaterally. He is diagnosed with (a) herniated nucleus pulposus of the lumbar spine with radiculopathy, (b) left elbow contusion, and (c) bilateral carpal tunnel syndrome (not accepted body part).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 - S1 transforaminal block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Criteria for the use of.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to evidence-based guidelines, 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. In this case, medical records consistently indicate that the previous transforaminal epidural steroid injections performed on March 7, 2014 did not provide significant improvements (less than 5%). This result does not satisfy the requisites for a repeat injection. Therefore, the medical necessity of the requested L5-S1 bilateral transforaminal block is not established. The request is not medically necessary.