

Case Number:	CM14-0144515		
Date Assigned:	09/12/2014	Date of Injury:	04/13/2013
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine & Rehabilitation 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 62 year old male who reported injury on 04/03/2013. The mechanism of injury was not provided. Diagnoses included left L4-5 radiculopathy with left lower extremity weakness, left L4-5 disc extrusion, with severe neural foraminal stenosis, bilateral pars defects, central disc protrusion at L5-S1, and lumbar facet joint arthropathy. The past treatments included physical therapy and medications. An MRI of the lumbar spine, dated 09/20/2012, was noted to show left L4-5 disc extrusion contacting the left L4 and L5 nerve root, with severe neural foraminal stenosis, bilateral pars defects, central disc protrusion at L5-S1, and lumbar facet joint arthropathy. Surgical history was noted to be noncontributory. The progress note, dated 07/09/2014, noted the injured worker complained of bilateral low back pain radiating to the left lateral thigh and left lateral calf. The physical exam revealed tenderness to palpation of the paraspinal muscles, symmetric muscle girth, positive straight leg raise to the left side, 4+/5 muscle strength to the left quadriceps, left tibialis anterior, left extensor hallucis longus, left peroneals, and decreased sensation to the left L4 and left L5. Medications included Norco and Aspirin. The treatment plan requested fluoroscopically-guided left L4-5 and left L5-S1 transforaminal epidural steroid injection. On 07/17/2014, the injured worker received a left L4-5 and left L5-S1 transforaminal epidural steroid injection, under fluoroscopic guidance and IV sedation with fentanyl and versed. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left L4 and L5 selective nerve root block under fluroscopy with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for 1 left L4 and L5 selective nerve root block under fluoroscopy with sedation is not medically necessary. On 07/17/2014, the injured worker received a left L4-5 and left L5-S1 transforaminal epidural steroid injection, under fluoroscopic guidance and IV sedation with fentanyl and versed. The California MTUS guidelines recommend repeat blocks based on documentation of objective pain and functional improvement, including at least 50% pain relief, with associated reduction of medication use, for six to eight weeks, and a general recommendation of no more than 4 blocks per region per year. There is no documentation provided following the epidural steroid injection on 07/17/2014. There is no indication of the efficacy of the previous injection with evidence of at least 50% pain relief, with associated reduction of medication use and increased function, for six to eight weeks. Without objective findings of pain relief or functional improvement with the previous injection, a repeat injection is not supported. As such, the request is not medically necessary.