

Case Number:	CM14-0147593		
Date Assigned:	09/15/2014	Date of Injury:	03/09/1993
Decision Date:	10/15/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/11/2014

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 and Rehabilitation, Pain Medicine 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 67-year-old male who reported an injury of unknown mechanism on 03/09/1993. On 03/20/2014, his diagnoses included lumbar radiculitis/neuritis and long term (current) use of other medications. His complaints included low back pain at levels L1-S1, left hip, thigh, leg, and foot pain. He described his pain at 8/10. It was noted that he was experiencing radiculopathy to both lower extremities. His pain was exacerbated by lifting, moving to a standing position, climbing stairs, and walking. The pain was improved by nerve blocks, medications, rest, hot showers, lying down, and ice. It was noted that he was participating in a home exercise program, from which he was deriving benefits. The note stated that this worker had not had spinal surgery. The plan on that visit was to perform a left transforaminal nerve block at L4-5 and S1. On 04/11/2014, this worker reported that his pain had improved 70% after the last injection, but the pain had now returned. He also stated that the injection helped him rest better at night and that his functioning had improved. The treatment plan included a request to get authorization for a left transforaminal nerve block at L4-5 and S1. On 07/28/2014, he stated that his pain had improved 60% since the last injection and the pain had returned once again. The treatment plan included a request to get authorization for a left transforaminal nerve block. There was no rationale or Request for Authorization include in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Nerve Block (spine level and laterality not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain, but no more than 2 injections. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. Also, the injections should be performed during fluoroscopy for guidance. The submitted documentation revealed that this injured worker had already had 2 epidural steroid injections. The guidelines do not support a third epidural steroid injection. Additionally, no spine level or laterality was specified in the request. Furthermore, fluoroscopy for guidance was not specified in the request. Therefore, this request for Lumbar Transforaminal Nerve Block (spine level and laterality not specified) is not medically necessary.