MAXIMUS Federal Services

Case Number:	CM14-0184087		
Date Assigned:	11/13/2014	Date of Injury:	11/16/2010
Decision Date:	12/19/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 16, 2010. In a utilization review report dated October 24, 2014, the claims administrator denied a request for a re-review of a selective nerve root block at L5-S1 with associated fluoroscopy and sedation. The claims administrator stated that the attending provider had failed to submit any additional information since a previous utilization review denial which would lead to overturning the same. It was not clearly stated whether the request in question represented a repeat request or a first-time request. The applicant's attorney subsequently appealed. In a May 29, 2014, progress note; the applicant reported ongoing complaints of low back pain radiating to the right lower extremity. The applicant was not working, it was acknowledged. The applicant was using Voltaren, Norco, and Soma. A lumbar support, a spine surgery consultation, and pain management consultation were sought. The applicant was placed off work, on total temporary disability, for an additional six weeks. Psychological counseling was sought on May 19, 2014. On June 19, 2014, the applicant reported 8/10 low back pain radiating to the right leg. The applicant was using cane to move about. The applicant had had physical therapy with minimal relief and four prior epidural steroid injections with "no relief" in the past, it was acknowledged. The applicant was placed off work, on total temporary disability. Physical therapy was sought.The applicant was again placed off work, on total temporary disability, on July 24, 2014. 8/10 pain was noted with radiation of pain to the bilateral lower extremities and numbness about the right leg appreciated. The applicant was still using a cane to move about. The applicant was on Voltaren, Norco, and Soma, it was acknowledged. The applicant had a disc herniation at L4-L5 causing associated thecal sac and an indentation and L5 nerve root impingement, it was acknowledged. Facet injections were sought. The applicant was asked to stop Soma and

continue a TENS unit and physical therapy. On October 15, 2013, it was suggested that the applicant consult a spine surgeon to consider a lumbar fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-review selective nerve root block, left L5 and S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Topic, 9792.20(f) Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, pursuit of repeat epidural steroid injections (a.k.a. selective nerve root blocks) should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off work, on total temporary disability. The applicant reports ongoing complaints of severe low back pain radiating to the bilateral lower extremities. The earlier epidural injections failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite at least four prior epidural injections (a.k.a. selective nerve root blocks) over the course of the claim. Therefore, the request is not medically necessary.

Re-review guided fluoroscopy, left L5 and S1: Upheld

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

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that epidural steroid injections be performed under fluoroscopic guidance, in this case, the primary request for an epidural steroid injection (a.k.a. selective nerve root block) has been deemed not medically necessary. Therefore, the derivative or companion request for associated fluoroscopy is likewise not medically necessary.

Re-review sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ()DG) Pain, Epidural Steroid Injections (ESIs)

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

Decision rationale: This is a derivative or a companion request, one which accompanies the primary request for a selective nerve root block (a.k.a. epidural steroid injection). Since that request was deemed not medically necessary, the derivative or companion request for sedation is likewise not medically necessary..