MAXIMUS Federal Services

Case Number:	CM14-0094966		
Date Assigned:	07/25/2014	Date of Injury:	02/18/2002
Decision Date:	09/18/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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 and is licensed to practice in Texas and Oklahoma. 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 female who reported an injury on 02/18/2002. The mechanism of injury was not provided. Diagnoses included lumbosacral spondylosis and neuritis, Tarlov cyst, coccygeal pain, disc degeneration, and cervical radiculitis. Past treatments included trial of spinal cord stimulator, acupuncture, physical therapy, aqua therapy, heat/ice treatments, sympathetic block, TENS unit, epidural steroid injection, myelogram of the lumbosacral spine with ganglion injection, and medications. Diagnostic studies included multiple MRIs of the lumbar spine, most recently on 12/19/2012; however, documentation of the MRI results was not provided. Surgical history was not provided. The clinical note dated 05/14/2014 indicated the injured worker complained of increased pain in her left knee and left ankle, pain in her left hip, sacrum and coccyx, sciatica, and decreased right hip pain. The injured worker rated lumbar spine pain rated 9/10, right hip pain rated 7/10, and bilateral leg pain rated 5/10. Physical exam findings indicated tenderness to palpation over the right and left lumbar facets, right and left paravertebral muscle spasms, positive bilateral straight leg raise at 30 degrees, and decreased bilateral Achilles reflex. Medications included Percocet 10/325 mg, Duragesic patch 50 mcg, Flexeril 10 mg, Lidoderm 5% patch, amitriptyline 25 mg, Ativan 0.5 mg, and prednisone 10 mg. The treatment plan included a lumbar nerve root block at the left and right L5 under fluoroscopy and monitored anesthesia, and a ganglion impar block; the rationale for request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar nerve root block at left & right L5 under fluoroscopy and monitored anesthesia, also ganglion impar block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 injured worker complained of pain in the lambar spine, bilateral hips and legs, sacrum and coccyx, and sciatica. The California MTUS guidelines recommend epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of epidural steroid injection includes documented radiculopathy by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and 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-eight weeks. Physical exam findings indicated a positive bilateral straight leg raise, decreased bilateral Achilles reflex, tenderness to palpation over the right and left lumbar facets, and paravertebral muscle spasm. The clinical notes indicated the injured worker had a previous epidural steroid injection; however, documentation does not include the location of the injection, or if the treatment provided functional improvement and at least 50% pain relief with reduction of medication for 6-8 weeks. Therefore the request for bilateral L5 root block and ganglion impar block are found to be not medically necessary.