

Case Number:	CM14-0096225		
Date Assigned:	09/15/2014	Date of Injury:	09/22/2013
Decision Date:	10/23/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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:

This is a 63 year old male with a 9/22/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/5/14 noted subjective complaints of increased low back pain radiating down the right lower extremity in the sciatic distribution. Objective findings included tenderness at L5-S1. Normal strength, however, +SLR right at 60 degrees. A 3/7/14 report notes the patient had completed 6/12 PT sessions at that time and his symptoms were improving. MRI lumbar spine 4/3/14 showed severe spinal stenosis right side resulting in foraminal stenosis and compressing the L5 nerve root. There is also mild to moderate foraminal stenosis at the L4-L5 level. Diagnostic Impression: lumbosacral strain with radiculopathy. Treatment to Date: medication management, physical therapy. A UR decision dated 6/18/14 denied the request for selective nerve root block/epidural injection right L5-S1. There is no clear detail provided as to why the nerve root block is being requested and how this would be helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block/Epidural Steroid Injection Right L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, there is no documentation of objective radiculopathy by physical examination. Additionally, there is no documentation of failure of conservative measures. Instead, it was noted that physical therapy had been helping the patient's lower back pain. It is unclear how the requested modality will be of benefit to the patient. Therefore, the request for selective nerve root block/epidural steroid injection right L5-S1 was not medically necessary.