

Case Number:	CM13-0037282		
Date Assigned:	12/13/2013	Date of Injury:	05/03/2007
Decision Date:	09/10/2015	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/01/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is 41-year-old male who sustained an industrial injury on 5/3/07. The mechanism of injury was not documented. Records indicated that an epidural injection was performed in May 2013. The 9/04/13 treating physician report cited continued grade 9-/10 low back pain radiating down the right lower extremity with numbness and tingling. Medications controlled 30% of this pain without side effects, and allowed him to get out of bed and do a little walking. He used a cane to ambulate. Lumbar spine range of motion was significantly restricted in flexion and extension. Straight leg raise on the right was positive. He had decreased sensation in the right lateral calf and foot. The diagnosis included history of intractable lower back and neuropathic pain, lumbar radiculitis, reactive depression, and increasing right lower extremity radicular pain. The treatment plan included continuation of his medications, and he was given a Demerol and Phenergan injection at this visit for severe pain. A selective nerve root block at L5 and S1 on the right was recommended as he had clinical and radiographic evidence of nerve root involvement. Authorization was requested for a repeat selective nerve root block at right L5 and S1 under fluoroscopy as an outpatient. The 9/20/13 utilization review non-certified the request for repeat selective nerve root block at right L5 and S1 under fluoroscopy as an outpatient as there was no documentation of prior response to an epidural injection provided in May 2013 and no imaging report to support the need for this injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REPEAT SELECTIVE NERVE ROOT BLOCK (SNRB) AT RIGHT L5 AND S1 UNDER FLUOROSCOPY AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Repeat diagnostic blocks are not recommended if there is inadequate response to the first block. No more than two nerve root levels should be injected using transforaminal blocks. Repeat therapeutic injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Guideline criteria have not been met. This injured worker presents with severe low back pain radiating into the right lower extremity with numbness and tingling. Clinical exam findings are consistent with nerve root involvement. There is no imaging evidence documented in the available records to corroborate exam findings. A prior epidural steroid injection was reported but there was no discussion of response in the available records. Therefore, this request is not medically necessary.