

Case Number:	CM15-0003454		
Date Assigned:	01/14/2015	Date of Injury:	01/21/1994
Decision Date:	03/13/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/07/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old male, who sustained an industrial injury on January 29, 2004. He has reported back pain. The diagnoses have included thoracic and lumbar stenosis with decompression. Treatment to date has included medication. Currently, the IW complains of low back pain radiating to right hip and knee with numbness and tingling of the legs. Recent treatment and diagnostics include magnetic resonance imaging (MRI), decompression L4-S1, electromyogram and medication. On December 26, 2014 utilization review non-certified a request for right and left L4-5 and L5-S1 nerve blocks with sedation and neurogenic consultation with Doctor [REDACTED], noting the lack of documentation of neurological deficit and that the injured worker has already been seen by Doctor [REDACTED]. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated December 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right and left L4-5 and L5-S1 nerve blocks with sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46,47. Decision based on Non-MTUS Citation Low back chapter, ESI

Decision rationale: The 68 year old patient presents with low back pain that is referred to right hip and right knee along with numbness, weakness and tingling, as per progress report dated 12/01/14. The request is for RIGHT AND LEFT L4-5 AND L5-S1 NERVE BLOCKS WITH SEDATION. There is no RFA for this case and the patient's date of injury is 01/21/94. The patient is also status post thoracic and lumbar decompressive surgeries --- dates of the procedures not available ---, as per progress dated 12/01/14. EMG/NCV study of the lower extremities is abnormal. Diagnoses, as per the same report, includes thoracic stenosis at T10-11 and T11-12, status post thoracic decompression; and lumbar stenosis, L4-5 and L5-S1, status post decompression. Medications include Percocet, Neurontin and Robaxin. The patient is temporarily totally disabled, as per progress report dated 12/01/14. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, 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 to eight weeks, with a general recommendation of no more than 4 blocks per region per year." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the 'diagnostic phase' as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." In this case, a review of the available progress reports does not indicate prior nerve blocks. In progress report dated 12/01/14, the treater requests for nerve blocks as the patient has not had any injections after the surgery. The treater believes that the procedure may help "pinpoint a pain generator." The patient has low back pain that appears to radiate to right low extremity with numbness, weakness and tingling. Physical examination revealed a positive straight leg raise bilaterally, as per the same report. MRI of the lumbar spine --- no date provided ---, as per progress report dated 07/25/14, reveals residual minimal impingement foraminally at L4-5 and L5-S1. Given the patient's radicular symptoms and corroborating MRI evidence, a nerve block appears reasonable at this stage and IS medically necessary.

Neurologic consultation with Dr. [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The 68 year old patient presents with low back pain that is referred to right hip and right knee along with numbness, weakness and tingling, as per progress report dated 12/01/14. The request is for NEUROLOGIC CONSULTATION WITH [REDACTED]. There is no RFA for this case and the patient's date of injury is 01/21/94. The patient is also status post thoracic and lumbar decompressive surgeries --- dated of the procedures not available ---, as per progress dated 12/01/14. EMG/NCV study of the lower extremities is abnormal. Diagnoses, as per the same report, include thoracic stenosis at T10-11 and T11-12, status post thoracic decompression; and lumbar stenosis, L4-5 and L5-S1, status post decompression. Medications include Percocet, Neurontin and Robaxin. The patient is temporarily totally disabled, as per progress report dated 12/01/14. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In progress report dated 10/20/14, the treater requests for neurological consultation due to abnormal EMG/NCV results along with weakness in legs and neurologic dysfunction. In progress report dated 12/01/14, the treater states that they are in process of reviewing the neurologist's note and recommendations, indicating that this may be a retrospective request. Nonetheless, given the patient's symptoms, a consultation with a neurologist would help with treatment, hence the request IS medically necessary.