

Case Number:	CM15-0112383		
Date Assigned:	06/18/2015	Date of Injury:	02/25/2014
Decision Date:	07/20/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/10/2015

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: Preventive Medicine, Occupational Medicine

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 51 year old man sustained an industrial injury on 2/25/2014 to his back after loading and unloading a truck. Evaluations include lumbar spine MRI dated 4/7/2014 and electromyogram of the bilateral lower extremities dated 3/19/2015. Diagnoses include possible lumbar discogenic pain, possible lumbar facet pain, possible lumbar sprain/strain, bilateral lumbosacral radicular pain, and stress syndrome. Treatment has included oral medications, lumbar epidural steroid injections, lumbar facet block, aquatic therapy, home exercise program, and physical therapy. The worker was sent to a company-selected clinic the next morning and received x-rays, lumbar spine support brace, medications, and provided with work restrictions. Physician notes from the QME dated 3/20/2015 show complaints of low back pain with radiation to the bilateral lower extremities with numbness, weakness, and cramps. Recommendations include diagnostic bilateral lumbar nerve root block, possible future surgical intervention, Tylenol, continue home exercise program, TENS unit trial for home use, nutritional or internist consultation, psychiatrist consultation, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral L4-L5 selective nerve root block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections, diagnostic.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the injured worker received a previous ESI on 06/16/14 and reported a 50% improvement in pain relief from the injection. The duration of pain relief was not documented. A second ESI was performed on 07/28/14 with no documented evidence of pain relief or increase in function. A recent MRI did not reveal evidence of nerve root compromise at the L4-5 level. There is no evidence of radiculopathy on physical examination and there were no imaging studies that corroborated the subjective symptom of radiculopathy. The request for diagnostic bilateral L4-L5 selective nerve root block is determined to not be medically necessary.