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| Case Number: | CM15-0034840 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 05/11/2006 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 01/29/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 50 year old female, who sustained an industrial injury reported on 5/11/2006. The injured worker was seen for re-evaluation, on 1/14/2015, for increased left leg pain due to infected toenail pain, but 60% improved with Duragesic patch, and loss of strength, having to use a 4 prong cane and walker; along with decreased lumbar spine ache/pain. Also noted is that she cut her big toe nails too short, they are both infected, and will have to be removed. The diagnoses were noted to include lumbosacral neuritis; post-lumbar laminectomy syndrome; post-surgical state; lumbar disc displacement; arthrodesis; cauda equina syndrome; and coccyx fracture, no stenosis or nerve root involvement. Treatments to date have included consultations; multiple diagnostic imaging studies; electromyogram and nerve conduction studies of the bilateral lower extremities (5/7/14); anterior fusion with hardware & shattered disc removal surgery of thoracic 10 - sacral 1 (10/5/13); fusion of lumbar 2 - sacral 1 (1/2009); physical therapy; daily exercise program; transcutaneous electrical stimulation unit therapy; epidural steroid injection therapy; facet joint injection therapy; Medical Report (11/11/14); Functional Restoration evaluations (2/21/11, 6/27/11 & 7/1/11); and medication management. The work status classification for this injured worker (IW) was noted to be that continues to work 5 days a week. On 1/29/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/16/2014, for an outpatient nerve root block - right and left lumbar 1. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, criteria for epidural steroid injections, definition of radiculopathy; and the Official Disability Guidelines, selective nerve root, diagnostic epidural steroid transforaminal injections, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left and right lumbar nerve root block L-1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI for criteria Epidural Steroid Injection, definition radiculopathy (page 382-383), Official Disability Guidelines (ODG) selective nerve root.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of radiculopathy. There are no MRI or EMG reports supporting the diagnosis of active radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for left and right lumbar nerve root block L-1 is not medically necessary.