

Case Number:	CM14-0028865		
Date Assigned:	06/16/2014	Date of Injury:	01/24/2011
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational Medicine 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:

The patient is a 38-year-old female, with a date of injury of 1/24/11. Subsequent to the injury she developed a left sided S1 radiculopathy confirmed by clinical findings, MRI scanning and electrodiagnostics. She had a trial of epidural injections with limited success and eventually had 2 decompressive surgeries. Post surgery she has had residual left leg neuropathic pain (post lumbar surgery syndrome) which has recently increased due to increased activities as part of a functional restoration program. She has requested another epidural injection trial with the specific goal of maintaining increased function. She continues to have positive neural tension signs. Medications have been stable and reasonable. No post operative epidurals have been trialed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SELECTIVE NERVE ROOT BLOCK AT THE LEFT L5-S1: 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 Epidural injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back acute and chronic, Epidural Injections.

Decision rationale: While it is accurate that pre-operative epidurals were not highly effective, the surgical intervention presents with new conditions. MTUS Chronic Pain Guidelines do not address these circumstances in any detail, but ODG Guidelines do allow for a repeat trial of an epidural if the circumstances have changed and there was a period of improvement. The patient meets these criteria. There is adequate evidence of a continued radicular pain given the continued neural tension signs and radicular pain proven secondary to nerve root damage. ODG Guidelines point out the diminished chance of success for epidurals status post (s/p) lumbar surgery, but it does not state they are contraindicated on a trial basis for post lumbar surgery syndrome. Approval on a trial basis appears reasonable; therefore, the request is medically necessary.