

Case Number:	CM14-0088778		
Date Assigned:	07/23/2014	Date of Injury:	06/11/2012
Decision Date:	09/15/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/12/2014

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 injured worker is a 31 year old male who developed persistent low back pain subsequent to an injury dated 6/11/12. The low back pain is described to radiate into the right leg and is associated with numbness and tingling. There is reported to be diminished right patellar reflexes with a MRI and electrodiagnostic consistent with an L5 radiculitis. There is reported to be a prior epidural which resulted in pain relief. It is also reported that an AME evaluator recommended a 2nd injection due to the pain relief. The AME report was not sent for IMR review and only 1 of the treating physician's narratives was sent which does not discuss the epidural issues. Only a Psychological AME and a single physician's narrative was sent for review besides the Peer Review documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Lumbar Spine L4 -L5 x1: Overturned

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

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

Decision rationale: The MTUS Guidelines support a trial of epidural injections if there is clear evidence of a radiculopathy. There is adequate evidence of a radiculopathy to meet Guideline standards. The Guidelines also differentiate between diagnostic and therapeutic blocks. The first block is therapeutic and if there is "some" pain relief a 2nd block is supported. The treating physician and an AME evaluator are reported to state that there was pain relief from the first epidural. After the 2nd block, the procedure enters what is called a therapeutic phase and the Guideline standards to justify additional epidurals changes significantly. This is documented to be a 2nd epidural block. Therefore, with the limited records sent for review, the weight of evidence supports the medical necessity for trial of a 2nd epidural block.