

Case Number:	CM14-0091215		
Date Assigned:	07/25/2014	Date of Injury:	05/25/2012
Decision Date:	10/14/2014	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 48 year old male who sustained an injury to his low back on 05/25/12 when he slipped on an orange peel and fell to the ground, landing on his right hand. The injured worker underwent trigger point impedance imaging on 12/31/13 revealing results consistent with lumbar spine and myofascial pain syndrome. Progress report dated 05/07/14 noted that the injured worker continued to complain of neck, upper back, low back, and right shoulder pain. Treatment to date has included shockwave, physical therapy, and acupuncture treatment. The injured worker was diagnosed with thoracic spine strain and lumbar spine disc rupture with radiculopathy. There was no recent imaging study or detailed physical examination of the lumbar spine provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural block at L5-S1: Upheld

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

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

Decision rationale: The request for lumbar spine epidural block at L5-S1 is not medically necessary. The previous request was denied on the basis that there were no updated diagnostic studies confirming the presence of stenosis or impingement to support the necessity of the request for epidural injection. As per guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As no diagnostic evaluations sustaining the presence of impingement or stenosis was noted at this time, the request was not deemed as medically appropriate. The injured worker underwent physical therapy; however, there were no physical therapy notes provided for review. The CAMTUS states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants). Given this, the request for lumbar spine epidural block at L5-S1 is not medically necessary.