

Case Number:	CM15-0103850		
Date Assigned:	06/08/2015	Date of Injury:	05/30/2013
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/29/2015

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 is a 51 year old female with a May 30, 2013 date of injury. A progress note dated April 8, 2015 documents subjective findings (lower back pain radiating to the left anterior thigh, left calf, and left foot; numbness in the left thigh, left lower leg and right foot), objective findings (pain elicited with palpation over the left lumbar paraspinal muscles and left parasacral muscles; spasm of the lumbar paraspinal muscles; tenderness over left heel; limited range of motion of the lumbar spine; positive straight leg raise), and current diagnoses (lower back pain; degeneration of lumbar disc with myelopathy). Treatments to date have included medications, lumbar epidural steroid injection (no significant improvement), chiropractic treatment (no significant relief), and physical therapy (no significant relief). The treating physician documented a plan of care that included an epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Epidural Steroid Injections.

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

Decision rationale: MTUS Guidelines differentiate between diagnostic epidural blocks and therapeutic epidural blocks. Due to uncertain aspects of the clinical presentation, the evaluating surgeon has requested diagnostic epidural blocks, not therapeutic blocks. A prior epidural block a few years prior resulted in a 4 days of pain relief. The assumption is made that the request is for a transforaminal nerve block/epidural, which is consistent with a diagnostic block. Under these circumstances, the request for the (diagnostic) L5-S1 epidural steroid injection is consistent with Guidelines and is medically necessary.