

Case Number:	CM15-0131505		
Date Assigned:	07/20/2015	Date of Injury:	09/18/2003
Decision Date:	08/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on 9/18/2003. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar post laminectomy syndrome and lumbar radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 3/30/2015, the injured worker complains of low back and leg pain. Physical examination showed diffuse lumbar tenderness. The treating physician is requesting right lumbar 4-5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 lumbar epidural injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2003 and has a diagnosis of lumbar post laminectomy syndrome. The claimant underwent lumbar spine surgery at L3/4 in 2008 with hardware removal in 2014. When seen, she was having low back pain radiating into the buttock with right lower extremity numbness, weakness, and tingling. There was diffuse lumbar tenderness with decreased range of motion. Her BMI was over 31. Authorization is being requested for a diagnostic selective nerve root block at L4/5. A diagnostic epidural steroid injection (also referred to as selective nerve root blocks) was originally developed as a diagnostic technique to determine the level of radicular pain. Guidelines recommend that no more than 2 levels should be performed on one day. Criteria include cases where diagnostic imaging is ambiguous, to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies, to help to determine pain generators when there is evidence of multi-level nerve root compression, to help to determine pain generators when clinical findings are consistent with radiculopathy but imaging studies are inconclusive, and to help to identify the origin of pain in patients who have had previous spinal surgery. In the claimant has undergone previous surgery at the level above and the injection is being requested as part of surgical planning. The requested selective nerve-root block is medically necessary.