

Case Number:	CM15-0148997		
Date Assigned:	08/13/2015	Date of Injury:	07/23/1996
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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 male, who sustained an industrial injury on 07-23-1996 secondary to being rear ended in a car accident resulting in pressure and pain along his low back that goes into legs and feet. On provider visit dated 06-15-2015 the injured worker has reported continues to have back pain and left buttock pain. On examination he was noted to back spasm, decreased or altered sensation in the left L5 distribution and gait was noted as unremarkable. The injured worker was noted to have increased back pain with some radiation of pain to both lower extremities. The diagnoses have included status post lumbar surgery. Treatment to date has included acupuncture, nerve blocks and medication. The injured worker was noted to be working full time. The provider requested epidural pain procedure block for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural pain procedure block for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections (ESIs), therapeutic; Lumbar and Thoracic Chapter, Epidural steroid injections (ESIs), therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, CRPS, sympathetic blocks.

Decision rationale: The claimant has a remote history of a work injury occurring in July 1996 and continues to be treated for back pain with lower extremity radiating symptoms. He has a history of lumbar spine surgery. He underwent a lumbar sympathetic block in October 2013 with pain relief lasting for two months. A repeat block was requested in January 2015. In April 2015 a series of three sympathetic blocks was requested. There had been transient pain relief with acupuncture. When seen, he had completed two recent acupuncture treatments. He was having low back and left buttock pain with intermittent numbness. He was having episodes of left lower extremity swelling. Physical examination findings included lumbar muscle spasms. There was decreased left lower extremity sensation. Authorization for an epidural injection was requested. In this case, it is unclear what procedure is being requested. The claimant has previously had at least one lumbar sympathetic block. Pain relief was for two months, but the degree of pain relief is not documented. There are no current physical examination findings that support a diagnosis of CRPS. In terms of a lumbar epidural injection, the presence of radicular pain is not documented. He has low back pain and lower extremity numbness. There were no imaging results provided supporting a diagnosis of left lumbar radiculopathy. For these reasons, the request is not medically necessary.