MAXIMUS Federal Services

Case Number:	CM15-0032381		
Date Assigned:	02/25/2015	Date of Injury:	03/26/2014
Decision Date:	04/07/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/20/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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:

The injured worker is a 47 year old male who sustained an industrial injury on 03/26/2014. Current diagnosis includes L4-L5 disc protrusion secondary to work related injury with continued back pain. Previous treatments included medication management, prior epidural steroid injection on 01/05/2015, and activity restrictions. Report dated 01/20/2015 noted that the injured worker presented with complaints that included lower back pain. Physical examination was positive for abnormal findings. The physician noted that the injured worker had a 20% improvement with the prior injection. Utilization review performed on 01/26/2015 non-certified a prescription for lumbar epidural L4-L5 under fluoroscopy, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural L4-L\5 Under Fluoroscopy: Upheld

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 Page(s): 46.

Decision rationale: Guidelines recommend repeat blocks only if there is objective documented pain and functional improvement, including at least 50 percent pain relief with associate reduction in medication use for 6-8 weeks. In this case, the patient experienced a 20 percent pain relief with a prior lumbar epidural block. Thus, this request for a lumbar epidural L4-5 block under fluoroscopy is not medically necessary and appropriate.