

Case Number:	CM15-0034597		
Date Assigned:	03/02/2015	Date of Injury:	10/17/2011
Decision Date:	04/08/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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, Washington

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 29-year-old male who reported an injury on 10/17/2011. The injured worker reportedly suffered a low back strain while attempting to catch a falling student. The current diagnoses include L5-S1 disc herniation, L4-5 annular fissure, and intractable pain. On 03/04/2015, the injured worker presented for a follow-up evaluation with complaints of persistent pain. Upon examination, there was 45 degrees flexion, 20 degrees extension, and positive straight leg raise with radiating pain to the calf area. Recommendations at that time included a lumbar epidural block prior to the decision to proceed with a discectomy and fusion at L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaninar epidural steroid injection L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injection.

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, it was noted that the injured worker had objective evidence of a positive straight leg raise. However, there was no documentation of an exhaustion of conservative treatment. Additionally, the injured worker's epidural block was initially ordered prior to the decision to proceed with surgery; however, the injured worker has already been issued an approval for surgery. Therefore, the medical necessity for the requested procedure has not been established in this case. As such, the request is not medically appropriate.

Bilateral L2 paravertebral sympathetic block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39-40.

Decision rationale: California MTUS Guidelines recommend sympathetic and epidural blocks only as indicated for a limited role primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate their physical therapy. The injured worker does not maintain a diagnosis of CRPS. There was also no mention of an active participation in physical therapy. It is also noted that the injured worker has been issued an approval for lumbar spine surgery. Therefore, the medical necessity for the requested procedure has not been established at this time. As such, the request is not medically appropriate.