

Case Number:	CM15-0059735		
Date Assigned:	04/06/2015	Date of Injury:	05/25/2012
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/30/2015

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 47 year old male, who sustained an industrial injury on 5/25/12. The injured worker was diagnosed as having cervical spine disc bulge, thoracic spine strain, lumbar spine disc rupture and right shoulder internal derangement. Treatment to date has included physical therapy, home exercise program, oral medications and topical medications. Currently, the injured worker complains of constant bilateral back pain with radiation. The injured worker notes physical therapy has helped in the past to manage pain. Upon physical exam, painful range of motion of lumbosacral spine is noted with light touch sensation diminished. The treatment plan included epidural injection of L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 lumbar epidural block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The injured worker is a 47 year old male, who sustained an industrial injury on 5/25/12. The injured worker was diagnosed as having cervical spine disc bulge, thoracic spine strain, lumbar spine disc rupture and right shoulder internal derangement. Treatment to date has included physical therapy, home exercise program, oral medications and topical medications. Currently, the injured worker complains of constant bilateral back pain with radiation. The injured worker notes physical therapy has helped in the past to manage pain. Upon physical exam, painful range of motion of lumbosacral spine is noted with light touch sensation diminished. The treatment plan included epidural injection of L5-S1.