

Case Number:	CM15-0059741		
Date Assigned:	04/06/2015	Date of Injury:	05/25/2012
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
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 46-year-old male who sustained an industrial injury on May 25, 2012. He has reported neck, upper back, lower back, and right shoulder pain and has been diagnosed with cervical spine disc bulge, thoracic spine sprain/strain, lumbar spine disc rupture with radiculopathy, right shoulder internal derangement, and other problems unrelated to the current evaluation. Treatment has included chiropractic care, injections, and medication. Recent progress note noted pain in the neck, upper back, lower back, and right shoulder. The treatment request included an epidural block at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural block L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Epidural Steroid Injections Page(s): 46.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for bilateral radiating low back pain. Physical examination findings include positive right straight leg raising with decreased right lower extremity strength and sensation. No imaging or electrodiagnostic test results were provided or referenced. Criteria for the use of an epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, there are no documented imaging or electrodiagnostic test results. Therefore, the requested epidural steroid injection was not medically necessary.