

Case Number:	CM15-0088265		
Date Assigned:	05/12/2015	Date of Injury:	05/08/2002
Decision Date:	06/15/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/07/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 was a 51 year old female, who sustained an industrial injury, May 8, 2002. The injured worker previously received the following treatments MS Contin, Omeprazole, Prednisone, Tizanidine, Naprosyn, Norco, Lidoderm, NSAIDs, Vicoprofen, Zoloft, Nortriptyline and 6 aqua therapy sessions. The injured worker was diagnosed with lumbago, carpal tunnel syndrome, low back pain, degenerative cervical intervertebral disc, carpal tunnel syndrome, degeneration of lumbosacral intervertebral disc and lumbar degenerative dis disease with radiculopathy. According to progress note of May 13, 2015, the injured workers chief complaint was severe, worsening low back pain that radiates into the inner thighs. The injured worker was having sensation of feces coming out at all times water dripping down the back of the legs. The injured worker was wearing a pad in the underwear due to fear of incontinence. The injured worker noted genital numbness; this caused the injured worker to seek emergency room care and Toradol shots which were not effective. The injured worker was unable to complete activities of daily living. The injured worker needed assistance with bathing and toileting. The MRI of the lumbar spine showed disc disruption at L3-L4. The epidural request came from the inability of the injured worker to tolerate narcotic use. The injured worker's functional level was declining. The treatment plan included lumbar epidural steroid injection at Level L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1 level: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ESIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46.

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is documentation of 50% or greater reduction in pain after the prior injections. Epidural steroid injection is medically necessary.