MAXIMUS Federal Services

Case Number:	CM13-0005033		
Date Assigned:	11/27/2013	Date of Injury:	11/25/2006
Decision Date:	01/16/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

45year-old female injured worker with date of injury 11/25/06 diagnosed with displacement of lumbar intervertebral disc. MRI dated 8/11/11 shows L4-L5 and ligamentum flavum enlargement and a diffuse disc bulge with mild compression of the thecal sac. The date of UR decision was 7/17/13. The most recent record available to me is dated 10/1/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar steroid injections L4-L5: 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 Epidural steroid injections Page(s): 46.

Decision rationale:

Lumbar myelography, lumbar epidurogram, fluoroscopic guidance, contrast dye: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Page 309 ACOEM, Low Back Complaints, only recommends myelography or CT myelography for preoperative planning if MRI is unavailable. Lumbar epidurogram and fluoroscopic guidance are already coded for with transforaminal steroid epidural injection (TFESI). Since the transforaminal steroid epidural injection is not indicated, the lumbar epidurogram, fluoroscopic guidance and contrast dye are not medically necessary.

IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASA Committee on Pain Medicine.

Decision rationale: IV sedation is not medically necessary because bilateral transforaminal lumbar steroid injections L4-L5 are not indicated. The ASA Committee on Pain Medicine, in their 2010 Statement on Anesthetic Care During Interventional Pain Procedures for Adults, wrote: "It is the opinion of the Committee that the majority of minor pain procedures, under most routine circumstances, do not require anesthesia care other than local anesthesia."