

Case Number:	CM13-0032107		
Date Assigned:	12/04/2013	Date of Injury:	12/09/2011
Decision Date:	05/22/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 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/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:

██████████ is a 52-year-old woman who sustained a work-related injury on December 9, 2011. Subsequently she developed with chronic back pain and new facial pain. According to the note dated on September 17, 2013, the patient has lumbar tenderness with reduced range of motion, positive facet loading on the left side at L4-L5 level and positive Patrick test. Her EMG study was negative for radiculopathy. Previously the patient had right-sided facet injection on December 20, 2012 with moderate pain relief. The provider requested authorization for lumbar epidural injection and the lumbar discogram at L3-L4, L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 309.

Decision rationale: It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation

of radiculopathy. Her EMG is negative for radiculopathy MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, lumbar epidural steroid injection is not medically necessary.

LUMBAR DISCOGRAM L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Discography.

Decision rationale: There is clinical, radiological and electrophysiological documentation of lumbar radiculopathy. Furthermore, there is no documentation that the patient is candidate for surgery. Therefore, the request for lumbar discogram L3-4, L4-5, L5-S1 is not medically necessary.