

Case Number:	CM13-0041278		
Date Assigned:	12/20/2013	Date of Injury:	04/01/2012
Decision Date:	08/12/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/11/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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:

The records presented for review indicate that this 30-year-old individual was reportedly injured on April 1, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 26, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation, decreased range of motion of the lumbar spine, and no focal neurological findings in the L1 through S1 distribution. Diagnostic imaging studies objectified degenerative changes. Previous treatment included lumbar fusion surgery, multiple medications and postoperative rehabilitation. A request had been made for lumbar epidural steroid injection, urine drug screen and a followup evaluation and was not certified in the pre-authorization process on January 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L3-L4 UNDER FLUOROSCOPY WITH SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: As noted in the most recent progress notes, there was no significant change on MRI between 2012 and 2014, and the injured worker was discharged from care by the orthopedic surgeon, to be followed up on an as needed (PRN) basis and that a home exercise protocol is to be followed. As such, there is no medical necessity for transforaminal epidural steroid injections after discharge. Therefore, the request is not medically necessary.

1 URINE ANALYSIS (URINE DRUG SCREEN): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: It was noted that the injured worker has been discharged from care to be care for a home exercise protocol. There were no medications, opioid or otherwise, being prescribed. As such, there is no medical necessity established for urine drug screening to determine the appropriate use of this medication. Therefore, the request is not medically necessary.

FOLLOW-UP EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: It was noted that the injured worker has been discharged from care to be cared for in a home exercise protocol. As such, there is no clinical indication for any additional follow based on the records presented for review. Therefore, the request is not medically necessary.