

Case Number:	CM13-0056332		
Date Assigned:	12/30/2013	Date of Injury:	05/04/2012
Decision Date:	06/03/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/22/2013

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 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:

The records reflect a two-year history of injury, the mechanism of injury being a slip and fall, and complaints of low back pain with lower extremity involvement. Treatment to date has included 45 sessions of physical therapy, injections and activity modification. Arthritic changes in the lower lumbar spine are noted on MRI. The physician's progress report noted numbness in the lower extremity, and degenerative changes on imaging studies. The MRI dated July 2012 noted specifically there is no nerve root encroachment. The clinical report of October, 2013 did not objectify any verifiable radiculopathy either on electrodiagnostic studies or physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. LUMBAR EPIDURAL INJECTIONS WITH FACET INJECTIONS AT L5-S1 X3 2.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The core requirement for epidural steroid injections is a verifiable radiculopathy. The MTUS Chronic Pain Guidelines allows for epidural steroid injections when radiculopathy is documented and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS Chronic Pain Guidelines' criteria. Specifically, there is no documentation of a verifiable radiculopathy or nerve root encroachment on MRI. As such, the requested procedure is not medically necessary and appropriate.

PHYSICAL THERAPY 3X2 WEEKS, POST-INJECTION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.