

Case Number:	CM13-0061691		
Date Assigned:	12/30/2013	Date of Injury:	07/01/1998
Decision Date:	03/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopedics has and is licensed to practice in New York and New Hampshire. 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:

The patient is a 49-year-old female with the date of injury of July 1, 1998. The patient complains of chronic low back pain. Diagnoses include lumbar degenerative disc condition. The patient has had bilateral intra-articular steroid injection of the sacroiliac joints in March 2013. She continues to complain of chronic back pain. The pain is alleviated by analgesic medication. There is radiation of the pain to the left and right buttock. Patient had previous epidural steroid injection performed in April 2013 at the right L5-S1 level. On physical examination the patient has a normal gait she has tenderness to palpation lumbar spinal motions. She has diminished strength and range of motion of the paraspinal muscles. Straight leg raising is positive on the right at 70. Diagnoses include chronic low back pain, sacroiliac pain, lumbosacral arthritis and degenerative disc condition with lumbar radiculitis and lumbar strain. An issue is whether up he transforaminal epidural steroid injection is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conscious sedation: 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 injection is not medically necessary, then conscious sedation is not needed.

Fluoroscopy guidance: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: This patient does not need to establish criteria for lumbar epidural steroid injection at this time. Specifically, radiculopathy must be documented on physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case radiculopathies not clearly documented on physical examination and not documented by any imaging study or neurophysiologic testing. The patient does not meet criteria are for lumbar epidural steroid injection at this time. In addition, since the patient does not meet criteria for lumbar epidural steroid injection, there is no need for fluoroscopy.

Right TFES1 Lumbar injection L5 with fluoroscopy: 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: This patient does not need to establish criteria for lumbar epidural steroid injection at this time. Specifically, radiculopathy must be documented on physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case radiculopathies not clearly documented on physical examination and not documented by any imaging study or neurophysiologic testing. The patient does not meet criteria are for lumbar epidural steroid injection at this time. In addition, since the patient does not meet criteria for lumbar epidural steroid injection, there is no need for fluoroscopy.