

Case Number:	CM14-0003347		
Date Assigned:	01/31/2014	Date of Injury:	10/22/2009
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational 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:

The patient is a 50-year-old who has submitted a claim for chronic lumbosacral sprain with diffuse discogenic disease associated with an industrial injury date of October 22, 2009. Medical records from 2012 to 2013 were reviewed showing that the patient complained of neck pain and lower back pain, graded as 8/10 in severity, and relieved to 5/10 upon intake of medications. Her activity level had increased. Physical examination revealed muscle spasm, tenderness, and tight muscle band at the paralumbar area. Range of motion of the lumbar spine was restricted towards flexion and extension. Lumbar facet loading was positive on both sides. Motor strength, reflexes, and sensation were normal. MRI of the lumbar spine, dated November 2009, showed multi-level of degenerative disc disease with moderate bilateral neural foraminal narrowing at L4 to L5, and L5 to S1 with broad based disc bulge and facet hypertrophy. Treatment to date has included medial branch block at right L3, L4, L5, and S1 in 2010; lumbar medial branch radiofrequency neurotomy in 2010; massage therapy, and medications such as Dilaudid, Ambien, Zofran, Lidoderm, and trazodone. Utilization review from December 27, 2013 denied the requests for lumbar epidural ultrasound guidance at separate location; and IV insertion at separate location steroid injection at L5 because the MRI did not show any nerve root impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L5.: 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 §§9792.20 - 9792.26 Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injection is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient complained of low back pain and objective findings showed restricted range of motion, tenderness, and muscle spasm. MRI of the lumbar spine in 2009 revealed multilevel neural foraminal narrowing. However, the physical examination did not corroborate findings of radiculopathy. Furthermore, the most recent progress reports revealed that the patient's current treatment regimen provided significant pain relief and allowed her to increase activity level. There is no documented rationale for this request. The medical necessity has not been established. Furthermore, the request failed to specify the laterality for injection. The request for a lumbar ESI at L5 is not medically necessary or appropriate.

ULTRASOUND GUIDANCE AT SEPARATE LOCATION.: 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.

IV INSERTION AT SEPARATE LOCATION: 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.