

Case Number:	CM14-0007593		
Date Assigned:	01/24/2014	Date of Injury:	06/20/2011
Decision Date:	06/06/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/17/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 34-year-old male who sustained an injury to his back on 06/20/11. The injured worker stated that on 05/08/01, he injured his left shoulder and back in a bike accident. He was treated with physical therapy and medication was off work for a couple of weeks. He stated that in May of 2002, he underwent surgery on his left shoulder because of the bike accident. He completed physical therapy postoperatively and stated that his symptoms seemed to have resolved. He did have some mild intermittent discomfort in the back, but not too much. He was not considered disabled. He went back to bike racing. Fluoroscopy Guidance has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPY GUIDANCE: 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: The request for fluoroscopy guidance is not medically necessary. The previous request was denied on the basis that the level of the injection was not provided. As

such, the request for the lumbar epidural steroid injection with fluoroscopic guidance was not certified. The CAMTUS states that injections should be performed using fluoroscopy (live x-ray) for guidance. Given that the injection was not certified and the clinical documentation submitted for review, medical necessity of the request for fluoroscopy guidance has not been established.