

Case Number:	CM14-0009505		
Date Assigned:	02/14/2014	Date of Injury:	09/23/2013
Decision Date:	10/15/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 68 year old female. The date of injury is September 23, 2013. The patient sustained an injury to the lumbar spine. The specific mechanism of injury was not elaborated on in the notes available for review. The patient currently complains of pain in the axial low back and lower extremities. MRI of the lumbar spine dated October 7, 2013 indicates multilevel mild to moderate degenerative disc disease. A request for lumbar epidural steroid L2 -L3, L3 - L4, L4 - L5 and L5 - S1 and for facet injection L2 - L3, L3 - L4, L4 - L5, and L5 - S1 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L2-3, L3-4, L4-5 AND L5-S1: 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 Steroids Page(s): 46.

Decision rationale: According to the documents available for review, the request is for four levels to be injected. This is in contrast to the criteria for use of epidural steroid injection is as outlined in the MTUS indicating that no more than one interlaminar level injected per session

and no more than two transforaminal levels per session. Therefore, at this time, the requirements for treatment have not been met, and the request is not medically necessary.

FACET INJECTIONS AT L2-3, L3-4, L4-5, AND L5-S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Facet Injections

Decision rationale: The current request is for four levels to be injected. This is in contrast to the guidance as outlined in the official disability guidelines that no more than two levels may be blocked at any one time. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.