

Case Number:	CM14-0015260		
Date Assigned:	02/28/2014	Date of Injury:	01/06/2010
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 29-year-old woman with a date of injury is January 6, 2010 resulting from bending over and has chronic low back pain. Physical therapy, chiropractics, and medications have been tried without relief. Lumbar ESI did provide relief for the patient. On physical examination lumbar range of motion is diminished. Neurologic examination is normal. Diagnoses include lumbar degenerative disc condition L3-4. Lumbar MRI from 2007 shows mild degenerative disc condition. At issue is whether lumbar fusion ESI at L3-4 is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR INTERBODY FUSION AT L3-4: 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.

LUMBAR EPIDURAL STEROID INJECTION AT L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: MTUS guidelines indicate ESI use for chronic pain without documented radiculopathy supported by both physical exam and imaging findings. The pain should be unresponsive to conservative measures to include physical therapy. These criteria are met present in this case. The patient does not have radiculopathy on physical examination or severe nerve root compression on MRI imaging. Also, epidural steroid injections are not recommended for low back pain without radiculopathy as in this case. Therefore, the request for lumbar epidural steroid injection at L3-L4 is not medically necessary and appropriate.