MAXIMUS Federal Services

Case Number:	CM14-0116475		
Date Assigned:	08/04/2014	Date of Injury:	04/10/1992
Decision Date:	09/17/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 73-year-old female with a reported injury on 04/10/1992. The mechanism of injury was not provided. The injured worker's diagnoses included chronic lumbodorsal strain with left-sided L4-5 radiculopathy, chondromalacia of the left patella with degenerative joint disease in the knees, chronic right shoulder bursitis, left shoulder impingement with degenerative joint disease at the AC joint, left more than right carpal tunnel syndrome, and severe degenerative joint disease of the knees with chondromalacia of the left patella. There were no previous treatments that were provided. The injured worker had an examination on 05/09/2014 for a followup visit with complaints of severe pain in her back and muscle spasms when the weather changed. Upon examination, she did have a tender spot on the left L4 and L5 facet areas. There were moderate spasms noted in the lumbosacral junction and tenderness of the left L4 and L5 facet with left L5 radiculopathy. There was not an examination of strength or range of motion or flexibility to her lumbar spine. Her list of medications included tramadol, Flexeril, and Omeprazole. The recommended plan of treatment is for authorization for injections of the left L4 and L5 facet joints. The rationale for the injection is to benefit from her lumbosacral orthosis. The specification of the type of injection was not provided on this examination. The Request for Authorization was signed, but the date is illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left L4 and L5 injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

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

Decision rationale: The request for 1 Left L4 and L5 injection is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections to reduce pain and inflammation and to restore range of motion and facilitate the progress in more active treatment programs. The California Guidelines recommend that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that also the injured worker must initially be unresponsive to conservative treatment such as exercises, physical methods, NSAIDs, and muscle relaxants. The guidelines also recommend injections to be performed by using fluoroscopy for guidance. There is a lack of documentation indicating the injured worker has significant physical examination findings indicative of neurologic deficit. There is a lack of documentation indicating recent treatments and conservative therapy, such as exercise, physical methods, NSAIDs, and/or muscle relaxants. The request does not specify the injection being requested or whether the injection will be performed under fluoroscopic guidance. Therefore, the request for 1 Left L4 and L5 injection is not medically necessary.