

Case Number:	CM14-0174713		
Date Assigned:	10/28/2014	Date of Injury:	09/09/2010
Decision Date:	12/04/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/22/2014

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:

Patient is a 54 year-old male with date of injury 09/09/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/21/2014, lists subjective complaints as pain in the low back. MRI of the lumbar spine performed on 10/31/2012 was notable for post hemilaminectomy changes on the left at L4-5 with probable small residual/recurrent left paracentral and proximal foraminal disc protrusion. Objective findings: Examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles, sacroiliac joint, posterior superior iliac spine, and buttocks region. There was palpable spasm. Range of motion was restricted in all planes. Motor and sensory examinations to the lower bilateral extremities were normal. Straight leg raising was negative bilaterally. Diagnosis: Left hemilaminectomy and laminectomy, foraminotomy, partial facetectomy and discectomy 01/16/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cortisone injection to the lumbar spine: 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 Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The assumption is made because of the request for ultrasound guidance for the injection and that the lumbar spine is mentioned in this very nonspecific request, that the provider is requesting a lumbar epidural steroid injection. Regardless, there is little documentation to support intramuscular injections, and no documentation of radiculopathy or lower extremity symptoms which would support a lumbar epidural steroid injection. Ultrasound guided cortisone injection to the lumbar spine is not medically necessary.

Lumbar brace corset: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Lumbar brace corset is not medically necessary.