

Case Number:	CM14-0036586		
Date Assigned:	07/11/2014	Date of Injury:	09/01/2009
Decision Date:	10/07/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 45 year old male who reported an injury on 09/01/09 to his low back due to repetitive turning of the steering wheel and repetitive lifting. The utilization review dated 03/04/14 resulted in a denial for an intervertebral injection as insufficient information had been submitted regarding the injured worker's neurological deficits in the L5 or S1 distributions. No description of the initial injury was provided in the documentation. The clinical note dated 01/22/14 indicates the injured worker having complaints of low back pain. The clinical note dated 12/17/13 indicates the injured worker continuing with lumbar region pain. The note does indicate the injured worker having undergone a left-sided L5 S1 epidural steroid injection. The injured worker did report ongoing tingling in the lower extremities. However, the injured worker was identified as being neurologically intact. The CT scan of the lumbar spine dated 01/27/10 revealed a degenerative disc space narrowing at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle test 2 limbs - Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 303, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, Page 503.

Decision rationale: The documentation indicates the injured worker complaining of lumbar region pain. It is unclear at this time for the inability for the injured worker to be tested in a clinical setting as part of normal work up. Given that the records do indicate the need for formal muscle testing, this request is not indicated as medically necessary.

Injection paravert f joint 1/s lev - Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 303, Chronic Pain Treatment Guidelines CA MTUS, 2009, Chronic Pain, pg. 46, Epidural Steroid Injection (.).

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

Decision rationale: The records submitted did not indicate the injured worker's clinical findings indicating the medical need for a paravertebral injection at this time. Therefore, this request is not indicated as medically necessary.

Injection foramen epidural 1/s - Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The records submitted did not indicate the injured worker's neurological deficits indicating the need for an epidural injection in the lumbar region. Therefore, this request is not indicated as medically necessary.