MAXIMUS Federal Services

Case Number:	CM14-0087891		
Date Assigned:	07/23/2014	Date of Injury:	03/14/2013
Decision Date:	09/08/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/11/2014

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 Nevada. 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 records presented for review indicate that this 47 year old male was reportedly injured on March 14, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated April 14, 2014, indicates that there are ongoing complaints of low back pain. No physical examination was performed on this date. A previous physical examination dated March 17, 2014, indicated diffuse sensory changes at the L1 and L2 dermatomes although it is not stated on which side. Diagnostic imaging studies of the lumbar spine indicated retrolisthesis of L1 on L2. Flexion/extension radiographs demonstrated that this retrolisthesis was stable. Previous treatment includes an interbody fusion at L2 to L3 and L3 to L4. A request was made for lumbar epidural steroid injections at L1 to L2 and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTIONS @ L1-2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS. (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physical examination dated March 17, 2014, does not indicate which lower extremity exhibits sensory changes. Furthermore there is no evidence of nerve root compromise on magnetic resonance imaging (MRI). For these reasons this request for lumbar spine epidural steroid injections at L1 to L2 is not medically necessary.

LUMBAR FACET INJECTION @ L1-2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Facet Joint Diagnostic Blocks, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for facet joint injections includes a clinical presentation consistent with facet joint pain signs and symptoms as well as documentation of failure of conservative treatment to include physical therapy, home exercise, and anti-inflammatory medications. The attached medical record does not indicate signs and symptoms of facet joint pain. Additionally, the request for a concurrent epidural steroid injection at the same level further indicates confusion by the requesting physician regarding true facet joint pain. Furthermore there is no documentation regarding the failure of conservative treatment. For these reasons this request for a lumbar facet injection at L1 to L2 is not medically necessary.