

Case Number:	CM14-0092401		
Date Assigned:	07/25/2014	Date of Injury:	09/01/2009
Decision Date:	08/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/18/2014

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 & 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 51- year-old female was reportedly injured on September 1, 2009. The mechanism of injury was a fall while pushing a cart. The most recent progress note dated June 3, 2014 indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated tenderness along the lumbar spine and paraspinal muscles. There were muscular guarding without spasms and decreased lumbar spine range of motion. Right sided lower extremity muscle strength was rated at 4/5. Diagnostic imaging studies indicated spondylolisthesis at L4-L5 with mild stenosis status post interbody fusion as well as degenerative disc disease at L5-S1. Previous treatment included lumbar spine fusion at L5-L6 and L6-S1. A request had been made for Epidural Steroid Injections for the lumbar spine as well as transportation to and from this appointment was not certified in the pre-authorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (ESIs) Lumbar: 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 (ODG) Low Back.

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

Decision rationale: The California MTUS guidelines support Cervical Epidural Steroid Injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. Review of the available medical records does not indicate that there are physical examination findings of radiculopathy nor is there any evidence of nerve root compression on MRI. For these reasons, this request for an Epidural Steroid Injection is not medically necessary.

Round Trip Transportation: ESI Appointment: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are necessary.