

Case Number:	CM14-0097311		
Date Assigned:	07/28/2014	Date of Injury:	11/30/2009
Decision Date:	09/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 47 year old female who sustained an injury to her low back on 11/30/09 while attempting to move a nursing care resident to a bed. The injured worker was treated with medications (Norco, Motrin), chiropractic manipulation treatment, facet injections, epidural steroid injections, medial branch blocks, and radiofrequency ablation. Operative report dated 05/01/14 reported that the injured worker underwent radiofrequency ablation at L3-4 and L4-5. The most recent clinical note dated 06/06/14 reported that the patient continued to complain of right lumbar spine pain. She stated that the previous radiofrequency ablation procedure did not help the right side; however, the left side seemed to provide some benefit. The injured worker continued to have difficulties with activities of daily living. Physical examination noted extension beyond 20 degrees; lateral bending left, right, and flexion were about 25% decreased; pain at L4-5 and L5-S1. The patient was assessed to have ongoing low back pain that was facet mediated, possibly discogenic as well. The injured worker was recommended for epidural steroid injection in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection for the lumbar region: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 request for epidural steroid injection in the lumbar spine is not medically necessary. Previous request was denied on the basis that there was no information in the most recent physical examination on 06/06/14 that would suggest a radicular component of her pain. In fact, diagnosis for that day was "lumbar back pain with facet mediated, possible discogenic." The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker was actively participating in a home exercise program. Furthermore, the level/laterality was not specified in the request. Given this, the request for epidural steroid injection in the lumbar spine is not indicated as medically necessary.