

Case Number:	CM14-0197031		
Date Assigned:	12/05/2014	Date of Injury:	07/19/1999
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 72 year old male with a date of injury of 07/19/1999. His low back pain began that day. He has low back pain and in 2012 he had bilateral knee replacements. On 10/17/2014 he had low back pain that was worse in the AM and improved throughout the day with movement. He had a lumbar injection that provided some relief for 1 to 2 weeks. Lumbar MRI revealed degenerative changes with some minor canal stenosis and minor foraminal stenosis. There was no neural impingement. On 10/20/2014 he had low back pain. He had a normal gait. He had 5/5 lower extremity strength. Sensation to light touch was intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

IR fluoroscopy guided lumbar spinal injection x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The documentation does not clearly state what type of lumbar injections was requested or the plan for follow up. MTUS, ACOEM Practice Guidelines, Chapter 12, Low Back Complaints page 300 state, "Local injections and facet joint injections of cortisone and Lidocaine

are of questionable merit." The requested spinal injections are not consistent with MTUS, ACOEM guidelines. Therefore, the request is not medically necessary and appropriate.