

Case Number:	CM15-0139866		
Date Assigned:	07/29/2015	Date of Injury:	03/09/2012
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 67-year-old male who sustained an industrial injury on 3/9/2012 resulting in radiating low back pain. He was diagnosed with post L4-5 fusion with pedicle screw and laminectomy, severe degenerative disc disease from T12-L2 and L4-S1, bilateral foraminal stenosis, mild lumbar spondylosis, and lumbar facet arthropathy. Documented treatment has included lumbar facet injection with temporary improvement noted, radiofrequency ablation with no improvement, and oral and topical medications. The injured worker continues to report continuous radiating low back pain including numbness which travels down the left leg. The treating physician's plan of care includes a steroid injection to the lumbar spine. Current work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation Online Edition 2015.

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

Decision rationale: CA MTUS recommends ESI as an option for radicular pain. Radiculopathy must be documented by physical exam and corroborated by imaging studies. In this case, on physical exam the patient has positive facet loading and tenderness to palpation of the lumbar paraspinal muscles. Sensation/motor strength and DTRs are all normal. There are no radicular signs/symptoms indicative of facet pathology. ACOEM does not recommend facet injections. In this case, no levels are specified for injection, only "steroid injections to lumbar spine." Efficacy of prior facet injection was not documented by way of return to work status or decreased medication usage. The PCM later stated that while the patient received near 100% relief from the prior facet injection, the nerve ablation failed to produce any relief. Therefore, this request is deemed not medically necessary.