

Case Number:	CM15-0024090		
Date Assigned:	02/13/2015	Date of Injury:	07/26/2013
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: Nevada, California
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 38-year-old female with a date of injury of 07/26/2013 who injured her back while pulling a patient up in bed. The current diagnosis is lumbar spondylosis. Records indicate that past treatment has included physical therapy, and the use of NSAIDS. Diagnostic testing includes an MRI that was dated 10/01/2013 which revealed T 11-12 degenerative disc disease with possible focal protrusion without definite canal stenosis or neural foraminal narrowing. There was facet arthropathy appreciated with L4-5 central protrusion, annular fissure and L5-S1 retrolisthesis but no evidence for canal stenosis or neural foraminal narrowing in the lumbar spine. Subjective complains on the clinical note dating 01/31/2015 included pain in the lower back with radiation to the lower extremities. The pain is made worse by walking, driving, and sitting for too long. She states her pain is moderate most of the time. Objective findings included range of motion of the lumbar spine to be 80 degrees. Extension was 10 degrees and lateral tilts bilaterally are 25% limited. Sensory and motor examinations in the lower extremities were non-focal, with a negative straight-leg raise test. Her medications included Norco, and Flexeril. The treatment plan included a lumbar epidural steroid injection, lumbar epidurogram, with fluoroscopic guidance, and IV sedation in order to treat her lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection and each additional level: 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 Epidural steroid injections Page(s): 46.

Decision rationale: Based on the referenced guidelines, epidural steroid injections are recommended only when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the clinical notes submitted for review, the physical examination does not support radiculopathy. The exam showed no signs of neurological deficits. Furthermore, the MRI that was dated 10/01/2013 showed no indication of neural foraminal narrowing in the lumbar spine, and no recent imaging studies were submitted for review. Given the above, the request for Lumbar epidural steroid injection and each additional level is not medically necessary.

Related to procedure: Lumbar epidurogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Related to procedure: Fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Related to procedure: IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

