

Case Number:	CM15-0040599		
Date Assigned:	03/10/2015	Date of Injury:	11/18/2013
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old male sustained an industrial injury to the low back on 11/18/13. Previous treatment included magnetic resonance imaging scans, medications, physical therapy, pool therapy, cervical pillow, acupuncture, transcutaneous electrical nerve stimulator unit, epidural steroid injections and a back brace. In a pain management consultation dated 1/12/15, the injured worker complained of constant bilateral low back pain with radiation to bilateral lower extremities. Physical exam was remarkable for lumbar spine with tenderness to palpation, muscle spasms and restricted range of motion. Current diagnoses included displacement of lumbar intervertebral disc without myelopathy, lumbar radiculitis, lumbar facet joint syndrome, diabetes mellitus and hypertension. The physician recommended that the injured worker undergo epidural steroid injections and facet joint blocks to be scheduled as soon as possible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at facet joint blocks bilaterally L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The patient is a 44 year old male with an injury on 11/18/2013. He has chronic back pain and previously had epidural steroid injections. ACOEM notes that injections (facet injections) are not recommended treatment. MTUS, Chronic Pain notes that epidural steroid injections do not alter the long term functional outcome of lumbar injuries and do not affect the need for surgery. There is no documentation of a recent acute injury with red flag signs. The requested injections are not medically necessary.