MAXIMUS Federal Services

Case Number:	CM15-0087219		
Date Assigned:	05/11/2015	Date of Injury:	01/22/2010
Decision Date:	06/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/06/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 60-year-old male, with a reported date of injury of 01/22/2010. The diagnoses include lumbar radiculopathy, lumbar facet syndrome, low back pain, status post anterior cervical disc fusion, neck pain, and cervical myelopathy. Treatments to date have included oral medications, and an MRI of the lumbar spine on 02/26/2015 showed bilateral foraminal stenosis at multiple levels. The progress report dated 04/20/2015 indicates that the injured worker continued to have bilateral low back pain, with radiation down his right lower extremity. The pain was rated 5-7 out of 10. There was also numbness in the back part of the injured worker's right thigh. It was noted that on the left side, the pain was rated 4 out of 10. The physical examination showed good strength in his bilateral lower extremities, numbness, and a negative straight leg raise test. The MRI of the lumbar spine did not show any evidence of cauda equine symptoms. The injured worker was awaiting injections. The requesting physician did not know what other injections the injured worker had done in his low back. The injured worker was able to go back to work with limited duty; however, he is currently retired. The treating physician requested one injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Unspecified type of injection) Injection with Dr. times 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in January 2000 and continues to be treated for radiating low back pain. When seen by the requesting provider, he was having radiating back pain. He was referred for a lumbar spine injection. The assessment references not knowing what injection had been done before and that the referral was intended for to determine which injections had worked. He was then evaluated further by the secondary treating provider. He was requesting another epidural injection. He had undergone a transforaminal epidural steroid injection on 12/03/13 with decreased pain from 7-8/10 to 3-4/10 with improved function such as a longer driving tolerance and increased stamina. Physical examination findings included decreased and painful lumbar spine range of motion with paraspinal muscle spasms and tenderness. There was positive facet loading and positive right straight leg raising. He had decreased right lower extremity strength and sensation.In this case, the claimant has benefited from the injection performed previously and a repeat epidural steroid injection appears indicated. However, the proper request would have been for a follow-up consultation rather than for the unspecified injection. Therefore, this request as was submitted cannot be considered medically necessary.