

Case Number:	CM14-0109696		
Date Assigned:	08/01/2014	Date of Injury:	10/30/2012
Decision Date:	10/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old gentleman reportedly injured on October 30, 2012. The most recent progress note, dated May 27, 2014, indicates that there are ongoing complaints of low back pain and headaches. The physical examination demonstrated tenderness along the cervical and lumbar spine. There was a positive left-sided straight leg raise test and spasms. Diagnostic imaging studies of the lumbar spine revealed mild to moderate disc bulges diffusely throughout the lumbar spine and central canal stenosis most prominent at L3 - L4 and L4 - L5. Previous treatment includes oral medications. A request had been made for an L5 - S1 lumbar steroid injection, monitored anesthesia care, and epidurography and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 lumbar steroid injection (x1): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009 Page(s): 46.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record there are no conclusive findings of a radiculopathy on physical examination that corroborate with findings on the lumbar spine MRI. Considering this, the request for lumbar spine epidural steroid injections is not medically necessary.

Monitored anesthesia care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment of Workers Compensation)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 46.

Decision rationale: As the accompanying request for a lumbar spine epidural steroid injection has been determined not to be medically necessary so is this request for monitored anesthesia care.

Epidurography: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 46.

Decision rationale: As the accompanying request for a lumbar spine epidural steroid injection has been determined not to be medically necessary, so is this request for epidurography.