

Case Number:	CM14-0112347		
Date Assigned:	08/01/2014	Date of Injury:	03/10/2008
Decision Date:	10/08/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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 and 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 68 year-old individual was reportedly injured on March 10, 2008. The mechanism of injury is noted as a fall type event. The most recent progress note, dated July 1, 2014 indicates that there are ongoing complaints of low back pain. The pain is rated as 9/10. The physical examination demonstrated an antalgic gait pattern, a markedly limited lumbar spine range of motion, tenderness to palpation in the L4 & L5 region, and facet loading is reported to be positive bilaterally. Straight leg raising is noted to be positive 45. Diagnostic imaging studies objectified multiple level degenerative disc disease, significant facet hypertrophy and multiple levels, and a disc lesion at L5-S1 of approximately 2 mm. Previous treatment includes physical therapy, multiple medications, injection therapy and other pain management interventions. A request had been made for lumbar epidural steroid injection and was not certified in the pre-authorization process on July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Lumbar Epidural Steroid Injection at the L5-S1 Level between 7/9/2014 and 8/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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 OF 127.

Decision rationale: As outlined in the MTUS, epidural steroid injections are indicated when radiculopathy is documented and cooperated on electrodiagnostic findings. The MRI report clearly indicates that there are significant facet joint lesions at multiple levels. Furthermore, there is no corporation of a verifiable radiculopathy in the specific dermatome pattern. Therefore, based on the clinical information presented for review and the cited guidelines, the request is not medically necessary.