

Case Number:	CM14-0121279		
Date Assigned:	08/06/2014	Date of Injury:	06/07/2013
Decision Date:	10/27/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/31/2014

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 Illinois. 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 injured worker is a 28-year-old male who reported an injury on 06/07/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar spine sprain/strain and thoracolumbar neuritis. Past treatments included medication and epidural steroid injections. The clinical note dated 06/12/2014 reported the injured worker complained of constant pain in the upper neck. He reported he had restricted and painful mobility of the upper back. The injured worker complained of lower back pain. On the physical examination, the provider noted the lumbar spine had tenderness to palpation over the midline at L4-S1 and bilateral paraspinals. The injured worker had pain with flexion and extension. The bilateral hamstrings had tightness noted. The provider documented the injured worker had no benefit from the epidural steroid injection completed on 04/28/2014. He continued to have painful limited range of motion of the low back. The request submitted is for an interspinous ligament injection with fluoroscopy. However, the rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4/5, L5/S1, L3/4 interspinous ligament injection with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.
Decision based on Non-MTUS Citation Official Disability Guidelines, low back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: The request for a left L4-5, L5-S1, L3-4 interspinous ligament injection with fluoroscopy is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as being in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend epidural steroid injections if epidural steroid injections are used for diagnostic purposes and a maximum of 2 injections should be performed. There is lack of imaging studies to corroborate the diagnosis of radiculopathy. Additionally, the provider noted the injured worker had no benefit from previous epidural steroid injections. Therefore, the current request for injections is not medically necessary.