

Case Number:	CM14-0218723		
Date Assigned:	01/08/2015	Date of Injury:	02/24/2009
Decision Date:	03/06/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 43-year-old male who reported an injury on 02/24/2009. The mechanism of injury was not stated. The current diagnoses include status post lumbar spine fusion at L4-S1, revision lumbar spine fusion on 03/19/2013, status post hardware removal with laminectomy/decompression, and residual gait abnormality. The injured worker presented on 12/17/2014 with complaints of intractable low back pain with associated right lower extremity paresthesia. The injured worker also reported intermittent low back spasm. Previous conservative treatment is noted to include physical therapy, chiropractic treatment, medication management, and lumbar epidural steroid injection. Upon examination, there was painful range of motion associated with guarding and spasm, circumscribed trigger points, difficulty with range of motion, weakness in the lower extremities, and persistent hyperesthesia over the right L4-S1 distribution. Treatment recommendations at that time included an evaluation with a pain management specialist for possible epidural injections. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cortisone injection, lumbar: 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 Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker has participated in an extensive amount of conservative treatment. However, it is noted that the injured worker has been previously treated with epidural steroid injections. There was no documentation of objective functional improvement. The guidelines recommend at least 50% pain relief with an associated reduction in medication use for 6 to 8 weeks. Given the above, the request is not medically appropriate.