MAXIMUS Federal Services

Case Number:	CM15-0003799		
Date Assigned:	01/14/2015	Date of Injury:	09/02/2014
Decision Date:	03/10/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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: New York
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 39 year old male, who sustained an industrial injury on 9/2/2014. He has reported twisting the back and back pain. The diagnoses have included lumbar and sacrum sprain/strain. There were no acute findings on the radiographic imaging of lumbar spine, dated 9/22/14. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), narcotic, hot/cold therapy pack and a Bodyline Back Huggar Cushion, six (6) chiropractic therapy sessions were approved, and six (6) acupuncture treatments were certified. Currently, the IW complains of back pain radiating to leg, rated 4-7/10. PR-2 physical exam documented November 13, 2014, tenderness of thoracolumbar spine and paravertebral musculature and straight leg test at 20 degrees. The provider documented concern November 7, 2014 of disc herniation in light of little response to conservative treatment and Magnetic Resonance Imaging (MRI) was requested. Initial chiropractic evaluation documented 11/12/14 Active Range of Motion (AROM) 50-75% of normal lumbar movement. Magnetic Resonance Imaging (MRI) completed 11/24/14 was significant for disc extrusion, disc protrusion, and annular tearing with mild to moderate stenosis at L3-L5 and S1. Diagnosis included disc extrusion, right side L3-L4 and left sided L5-S, and disc protrusion at L4-5.On 12/26/2014 Utilization Review non-certified an epidural steroid injection L3-L4 to be performed under fluoroscopy, noting the lack of documentation regarding objective findings to support requested treatment. The MTUS and ACOEM Guidelines were cited.On 1/8/2015, the injured worker submitted an application for IMR for review of epidural steroid injection L3-L4 to be performed under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection L3-L4 to be performed under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

Decision rationale: On 12/15/2014 there was negative straight leg raising, normal motor strength and normal sensory exam. There were no radicular signs or symptoms. He had a lumbar strain/sprain and this did not meet ACOEM guidelines for an epidural steroid injection. Furthermore, epidural steroid injections do not improve the long term health or functionality of patients with back pain.