

Case Number:	CM15-0117060		
Date Assigned:	06/25/2015	Date of Injury:	08/05/2012
Decision Date:	09/11/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/17/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on 8/5/12. Initial complaints were not reviewed. The injured worker was diagnosed as having spondylosis lumbosacral. Treatment to date has included chiropractic therapy; acupuncture; physical therapy; lumbar facet injection; lumbar epidural steroid injection (2013); medications. Diagnostics included MRI lumbar spine without contrast (6/30/15). Currently, the PR-2 notes dated 5/14/15 indicated the injured worker came in this office as a post procedure Lumbar facet joint injection at L4-L5 and L5-S1 (no date or procedure report). She reports no substantial relief and the low back pain only reduced by 20% for a couple of hours and the facet injections did nothing for her radiating lower extremity pain. At this time, she notes increased pain into the bilateral lower extremities to the ankles and worse on the left side. She is struggling with the pain and states her medications are not adequately effective. She has previously used Tizanidine which she states was more effective than Orphenadrine for muscle pain and spasms in the legs. She has been referred to her primary treating physician and surgeon for possible surgery and reports she is not a surgical candidate. She has been utilizing buprenorphine but states that she wishes to discontinue this medication because it causes her headaches. She reports that tramadol was previously trialed and it also caused headaches. She reports that Advil is somewhat helpful. She has no remarkable previous surgical history. The provider did request a MRI of the lumbar spine and this was completed and report on 6/2/15: The impression reveals a mild three-level disease from L3/L4 through L5/S1 levels. However, there are no levels of high-grade spinal canal or neural foraminal stenosis. L4/L5, mild lateral recess narrowing with slight effacement of the transiting L5 nerve roots, left slightly greater than right. No current MRI findings

for acute fracture or paraspinal soft tissue edema.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection-Epidural Spinal (CESI, TESI, LESI) Bilateral Transforaminal epidural steroid injection right L5 and left L4 and L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the California MTUS, epidural steroid injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. Criteria for the use of epidural injections require that radiculopathy be noted on examination and corroborated by imaging and/or electrodiagnostic studies. There is evidence of nerve root irritation on MRI of the spine but on examination, the injured worker is noted to have normal strength, and there is no evidence of significant nerve dysfunction. As a result, the request for epidural steroid injection is not medically necessary at this time.

Lumbar Epidurogram, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

IV sedation, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Fluoroscopic Guidance, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Contrast Dye, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.