

Case Number:	CM15-0090796		
Date Assigned:	05/15/2015	Date of Injury:	06/30/2014
Decision Date:	06/18/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/11/2015

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 55 year old male, who sustained an industrial injury on June 30, 2014, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint sprain. Magnetic Resonance Imaging of the lumbar spine revealed lumbosacral disc protrusions and facet arthropathy. Treatment included pain medications, steroid injections, Cannabis, and work restrictions. Currently, the injured worker complained of persistent ongoing low back pain with radiculopathy into the lower extremities. The treatment plan that was requested for authorization included two lumbar epidural steroid injections and a lumbar traction unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 left L4-L5 and L5-S1 transforaminal epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections, Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: The patient is a 55 year old male with an injury on 06/30/2014. He has low back pain and was treated with pain medications, Cannabis, work restrictions and steroid injections. He already had epidural steroid injections and continues to have pain and reduced function. MTUS, Chronic Pain on page 46 notes that epidural steroid injections do not affect the long-term health outcome and do not affect the need for surgery. MTUS notes that epidural steroid injections do not improve impairment of function. Therefore, the request for Two Left L4-L5 and L5-S1 Transforaminal Epidural Steroid Injections are not medically necessary.

Lumbar traction unit for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The patient is a 55 year old male with an injury on 06/30/2014. He has low back pain and was treated with pain medications, Cannabis, work restrictions and steroid injections. MTUS, ACOEM, Chapter 12 Low Back Complaints on page 300 notes that traction is not effective treatment for low back pain. Thus, a home traction unit is not medically necessary for this patient.