

Case Number:	CM13-0008043		
Date Assigned:	03/03/2014	Date of Injury:	11/03/2000
Decision Date:	04/15/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/06/2013

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 & Rehabilitation and is licensed to practice in California. 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:

According to the records made available for review, this is a 56-year-old female with a 11/3/00 date of injury, and lumbar fusion (unspecified date). At the time (7/25/13) of request for authorization for MRI lumbar spine and L4-L5 facet injection, there is documentation of subjective (recurrence of pain down the back and into the left hip area, left pelvis, down the left leg, and buttock) and objective (increasing pain down the left buttock with extension of the back past neutral, tenderness in a well healed lumbar incision area, and a mildly positive left straight leg raise at 90 degrees) findings, imaging findings (reported MRI lumbar spine (10/25/12) revealed a solid anterior and posterolateral fusion; there has been wide decompressive laminectomy and partial facetectomy; left paracentral, lateral recess, and proximal foraminal osteophyte/hypertrophic bone along the course of fusion graft which lies adjacent to but does not displace the left S1 nerve root and mildly narrows the left neural foramen without impinging the exiting left L5 nerve root; report not made available for review), current diagnoses (left leg radiculopathy secondary to adjacent level degenerative disease and L4-5 facet arthropathy), and treatment to date (L5-S1 fusion, L5 nerve block, medications, and facet injections (providing relief of pain for a period of time)). 7/22/13 medical report identifies that "I believe the patient is a surgical candidate; this will more than likely require extending the fusion to at least L4-5; the patient would like 1 more attempt at nonsurgical management; I would recommend repeating the lumbar facet injection at L4-5; I would also ask for a new lumbar MRI scan as a pre-surgical screening measure." Regarding MRI lumbar spine, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings), a pending surgery that has been authorized/certified, and 10/25/12 imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of left leg radiculopathy secondary to adjacent level degenerative disease and L4-5 facet arthropathy. In addition, there is documentation of the 7/22/13 report identifying that that "I believe the patient is a surgical candidate; this will more than likely require extending the fusion to at least L4-5; the patient would like 1 more attempt at nonsurgical management; I would recommend repeating the lumbar facet injection at L4-5; I would also ask for a new lumbar MRI scan as a pre-surgical screening measure." However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). In addition, there is no documentation of a pending surgery that has been authorized/certified. Furthermore, despite documentation of the 7/22/13 medical report's reported imaging findings (a solid anterior and posterolateral fusion; there has been wide decompressive laminectomy and partial facetectomy; left paracentral, lateral recess, and proximal foraminal osteophyte/hypertrophic bone along the course of fusion graft which lies adjacent to but does not displace the left S1 nerve root and mildly narrows the left neural foramen without impinging the exiting left L5 nerve root), there is no documentation of 10/25/12 imaging report. Therefore, based on guidelines and a review of the evidence, the request for MRI lumbar spine is not medically necessary.

L4-L5 FACET INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, MEDIAL BRANCH BLOCKS (MBBS)

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG that no more than one therapeutic intra-articular block is recommended (if successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)). Within the medical information available for review, there is documentation of diagnoses of left leg radiculopathy secondary to adjacent level degenerative disease and L4-5 facet arthropathy. In addition, there is documentation of previous facet injections "providing relief of pain for a period of time." Therefore, based on guidelines and a review of the evidence, the request for L4-L5 facet injection is not medically necessary.