MAXIMUS Federal Services

Case Number:	CM13-0010445		
Date Assigned:	01/15/2014	Date of Injury:	03/07/2012
Decision Date:	04/28/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/13/2013

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:

The patient is a 51 year old male who was injured on 03/07/2012 while trying to prevent a student from falling down when he experienced a sharp pain in his back. Prior treatment history has included the following medications: 1. Gabapentin 2. Tizanidine 3. Aspirin 4. Ibuprofen 5. Norco 6. Nexium Diagnostic studies reviewed include: Lumbar spine, AP, Bilateral Oblique, Lateral and Cone-Down views dated 11-18-2012 reveals degenerative changes mostly pronounced at the lower lumbar spine, overall stable. MRI of the lumbar spine dated 01/09/2013: 1. Degenerative spondylosis. Type I degenerative discogenic changes with endplate and adjacent body edema at L4-5 midline and to the right of midline. Questionable subtle edema in the inferior end plate of L3 to the left of midline. No acute subacute compression of the vertebrae. 2. Central paracentral disc protrusion with right paracentral component more prominent at L5-S1 contacting the right S1 nerve root. No thecal sac compression. 3. Small central paracentral disc osteophyte complex at L4-5 with minimal impingement of the thecal sac. 4. Central paracentral disc osteophyte complex with left paracentral lateral component more prominent at L3-4 with mild compression of the exiting left L3 nerve root. EMG/NCV dated 10/24/2013 revealing borderline peroneal F-wave latency may indicate a right L4-L5 and possibly S1 radicular involvement. Progress note dated 03/07/2012 documented the patient state initially that his back is unchanged, but then later states that he has had a little more back symptoms since Tuesday. A co-worker driving the bus with the patients in it ran into a curb. The patient was in the back of the bus and that jolted his back. He states his pain level is a 10/10 at its worst and an 8/10 on average. He states he has been without the Gabapentin for four days and is not sure of the reasoning. He states that the Gabapentin helped relieve his leg pain. He states that he has right leg pain that radiates around his back and goes from his quad to his knee and has that daily. He informs me that his pain has been so bad that he has been taking his Norco tid

instead of bid. He states that it is considerably bad in the evening and he has been taking more. I discussed increasing that to tid for an interim to cover his pain. Progress note dated 03/19/2013 documented the patient with complaints of back pain radiating down from low back including postero-lateral thigh and calf including the lateral, bottom, and dorsal aspect of the foot back down right leg. The pain is characterized as aching and burning. Patient admits to back pain and muscle spasms. It becomes worse with bending to the sides and standing and walking at work. He still has pain symptoms on a continuous basis, but they are alleviated somewhat by current meds. Diagnoses: 1. Low back pain syndrome 2. Lumbar /thoracic radiculopathy 3. Lumbar spondylosis w/o meylo/facet arthropathy 4. Lumbar disc degeneration 5. Sacroiliitis

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION TO L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Low Back Chapter, AMA Guides, 5th Edition, page 382-383

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

Decision rationale: The purpose of ESI (Epidural Steroid Injection) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Regarding the request for LESI (Lumbar Epidural Steroid Injection), MTUS reference to ACOEM guidelines do not support epidural steroid injection treatment in the absence of Radiculopathy in management of injuries to the back, and then only in an effort to avoid surgery (ACOEM Low Back Chapter text, page 300 and table 12-8). Therefore the request for a lumbar epidural steroid injection to L5-S1 is not medically necessary and appropriate.

LUMBAR FACET JOINT INJECTIONS L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Physical Medicine and Rehabilitation, 3rd Edition, 2007, Chapter 41: Low Back Pain, pages 883 - 928.

Decision rationale: Lumbar facet joint injections are indicated for both diagnostic and therapeutic purposes for the treatment of axial low back pain that is exacerbated by extension movements and facet loading exam maneuvers. The records do not indicate that the patient has signs or symptoms consistent with lumbar facet mediated low back pain. Furthermore, there are no records documenting physical exam findings that support facet mediated low back pain.

Based on the lack of supporting documentation, the request for lumbar facet joint injections L4-L5 and L5-S1 is not medically necessary and appropriate.

LEFT SI JOINT INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Physical Medicine and Rehabilitation, 3rd Edition, 2007, Chapter 41: Low Back Pain, pages 883 - 928.

Decision rationale: Sacroiliac joint injections are indicated for the treatment of sacroiliitis and/or sacroiliac mediated low back pain. The diagnosis of sacroiliitis is made through a series of physical exam maneuvers to corroborate the history and patient symptoms. There are no records indicating that these exam maneuvers were performed in order to diagnosis sacroiliitis. There is also no documentation of left sided low back or buttock pain consistent with sacroiliitis. Based on the lack of sufficient evidence to support this diagnosis, the request for a left SI joint injection is not medically necessary and appropriate.