

Case Number:	CM13-0016430		
Date Assigned:	11/06/2013	Date of Injury:	12/05/2008
Decision Date:	01/22/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Medicine and Cardiology, has a Fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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 physician 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 49 year old male who reported an injury in 2006. The patient complained of pain to his low back radiating to his right lower extremity. The clinical documentation submitted and dated 04/27/2013 stated that the patient has a long history of chronic back and leg pain. The patient was diagnosed with a history of low back pain status post multiple injuries. The clinical documentation stated the patient has undergone conservative treatment, physical therapy and previous injection therapy although the patient stated he is not sure when and believes it was more than 40 years ago. The patient continues to complain of low back pain to include his left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection vs. lumbar facet injections unspecified levels:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Injections

Decision rationale: The CA MTUS Chronic Pain Medical Treatment guidelines recommend lumbar epidural steroid injections for documented radiculopathy by physical examination, imaging studies and unresponsiveness to conservative treatment. Although, the clinical documentation submitted states that the patient has been treated with conservative therapy, participated in physical therapy, received an MRI/X-rays, no objective clinical documentation was submitted that discussed the patient's range of motion, muscle strength, neurological examination or the efficacy of pain medication and prior treatment. In regards to the submitted request of lumbar epidural steroid versus lumbar facet injections, the CA MTUS recommends no more than two nerve root levels. The submitted request does not specify the number of root levels to be injected. The CA MTUS/ACOEM states facet injections are of questionable merit. The Official Disability Guidelines states that lumbar facet injections are recommended in the absence of radiculopathy pain, no more than one therapeutic intra-articular block and no more than 2 joint levels may be blocked at any one time. The guidelines also recommend there be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The clinical documentation submitted does not specify the number of joint levels nor articulate an evidence based plan-of-care in regards to treatment to go along with the facet injections. The physical examination provided does not support facet mediated pain. Therefore, the request is non-certified.