

Case Number:	CM14-0007786		
Date Assigned:	02/07/2014	Date of Injury:	03/20/2013
Decision Date:	08/05/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 23-year-old male who has filed a claim for lumbago associated with an industrial injury date of March 20, 2013. Review of progress notes indicates increasing low back pain with lower extremity sensory and motor symptoms, right more than the left. Patient reports decreased pain levels, increased range of motion, and tolerance to activity and exercises with current medication regimen. Findings include diffuse tenderness throughout the lower lumbar area, improved spasms, and decreased lumbar range of motion. Lumbar MRI dated April 25, 2013 showed annular tears at L3-4 and L4-5. Treatment to date has included NSAIDs, opioids, muscle relaxants, heat and cold therapy, physical therapy, home exercises, TENS, and use of LSO. Utilization review from January 09, 2014 did not grant the requests for repeat lumbar MRI as there are no findings of nerve compromise; and for pain management consultation for facet block trial and epidural injections as there is no documentation of positive facet loading test or radicular pain, respectively, to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LUMBAR MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE GUIDELINES,.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The ACOEM Practice Guidelines referenced by California MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. According to Official Disability Guidelines lumbar MRIs are recommended in patients with lumbar spine trauma with neurological deficit or seatbelt fracture; uncomplicated low back pain with suspicion of cancer or infection, with radiculopathy after one month conservative therapy or sooner if severe or progressive neurologic deficits, with prior lumbar surgery, or with cauda equina syndrome; or myelopathy, traumatic, painful, sudden onset, stepwise progressive or slowly progressive, and infectious disease or oncology patient. In this case, there is note that patient experiences sensory and motor deficits in the lower extremities, but no description as to whether it is radicular in nature. Although previous progress notes did report neurological deficits consistent with L4, L5, and S1 distributions, the recent neurological examinations of the lower extremities were normal. It seems that the patient is improving at this time with the current medication regimen. Therefore, the request for repeat lumbar MRI is not medically necessary.

PAIN MANAGEMENT CONSULTATION FOR FACET BLOCK TRIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE GUIDELINES,.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156. Official Disability Guidelines (ODG) Low Back chapter, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The ACOEM Independent Medical Examinations and Consultations Guidelines referenced by California MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. According to Official Disability Guidelines, therapeutic facet joint intra-articular blocks are indicated in cases where there is no evidence of radicular pain, spinal stenosis, or previous fusion. No more than 2 joint levels may be blocked at any one time, and there should be evidence of a formal plan of additional evidence-based activity and exercise. In this case, patient presents with symptoms in the lower extremity, and radiculopathy cannot be ruled out. Additional information is necessary at this time to support the need for facet blocks. Therefore, the request for pain management consultation for facet block trial is not medically necessary.

PAIN MANAGEMENT CONSULTATION FOR EPIDURAL INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: The ACOEM Independent Medical Examinations and Consultations Guidelines referenced by California MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. This patient does not clearly present with findings consistent with radiculopathy, and thus epidural injections are not warranted at this time. Additional information is necessary to support this request. Therefore, the request for pain management consultation for epidural injections is not medically necessary.