

Case Number:	CM14-0009651		
Date Assigned:	02/14/2014	Date of Injury:	09/17/2012
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; MRI imaging of the June 25, 2013, notable for 6 mm disk bulge at L4-L5 with associated severe compression of the thecal sac; electrodiagnostic testing reportedly notable for an L5 radiculopathy and bilateral sural mononeuropathy, per the claims administrator; and unspecified amounts of physical therapy over the life of the claim. A December 23, 2013 progress note is notable for comments that the applicant had completed 6 to 12 sessions of physical therapy previously authorized. The applicant had persistent complaints of low back pain radiating to the bilateral upper and bilateral lower extremities, it is stated. The applicant is on Neurontin, Flexeril, and Motrin for pain relief, it was stated. It was stated that the applicant had had earlier epidural steroid injections and had obtained some relief from the same. The applicant had tingling about the extremities and burning pain about the same, it was further noted. Hypoactive reflexes were noted on exam, with a normal gait, and marginally positive straight leg raise. Medications were refilled. The applicant was given a prescription for Flector. Diagnostic lumbar facet injections and/or SI joint injections were sought. The applicant was given a rather proscriptive 10-pound lifting limitation, which the attending provider stated the applicant's employer was unable to accommodate.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

INTRAVENOUS SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

BILATERAL LUMBAR FACET JOINT INJECTION L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, facet joint injections are deemed not recommended. In this case, it is further noted that there is considerable lack of diagnostic clarity. The applicant apparently has ongoing lumbar radicular complaints. The applicant has persistent complaints of low back pain radiating to the bilateral lower extremities with associated lower extremity paresthesias. The applicant has received epidural steroid injections for radicular pain. The applicant has used Neurontin for radicular pain. All of the above, taken together, imply a lack of diagnostic clarity. Therefore, the request is not medically necessary both owing to the lack of diagnostic clarity as well as owing to the unfavorable ACOEM recommendation.