

Case Number:	CM14-0100832		
Date Assigned:	07/30/2014	Date of Injury:	07/24/2003
Decision Date:	09/23/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/30/2014

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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 24, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; epidural steroid injection therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated June 23, 2014, the claims administrator denied a request for a facet joint injection, associated monitored anesthesia, and epidurography. The applicant's attorney subsequently appealed. In a progress note dated June 3, 2014, the applicant was described as having 8/10 low back pain. The applicant was having difficulty performing even basic activities such as cleaning, showering, cooking, and dressing. It was stated that the medications were beneficial, although this was not quantified. The applicant was on Flexeril, Neurontin, oxycodone, and Prilosec, it was acknowledged. Authorization was sought for a diagnostic lumbar facet injection. It was stated that the applicant electrodiagnostically confirmed lumbar radiculopathy. The attending provider concurrently sought authorization for acupuncture, Ambien, a lumbar support, and, apparently, the epidurography also at issue. The attending provider did acknowledge that the applicant had low back pain radiating into left leg with weakness and dysesthesias also noted about the same. Electrodiagnostic testing of May 15, 2014 was notable for a severe left L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Lumbar Facet Injection X1 06/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, page 309, facet joint injections, as are being sought here, are deemed "not recommended." No rationale for pursuit of facet injections in the face of the unfavorable ACOEM position on the same was proffered. It is further noted that the considerable lack of diagnostic clarity also argues against the need for facet injections. The applicant has ongoing complaints of low back pain radiating into left leg, with an electrodiagnostically-confirmed severe radiculopathy. The applicant does not, thus, have any compelling evidence of facetogenic or discogenic pain for which facet injections could be considered. Therefore, the request is not medically necessary.

Monitored Anesthesia X 1 06/23/2014: Upheld

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

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

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for facet joint injection therapy. Since that request was deemed not medically necessary, the derivative or companion request for monitored anesthesia care is likewise not medically necessary.

Epidurography X 1 06/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for epidurography appears to represent a request for a repeat epidural steroid injection/epidurography to accompany an ESI. The applicant has had at least one prior epidural steroid injection, the attending provider acknowledged on a progress note dated June 3, 2014. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant continues to report 8/10 pain, despite at least one prior epidural injection. The applicant remains highly reliant and highly dependent on various opioid agents, including

oxycodone and Norco. The applicant has failed to return to work. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite at least one prior epidural block. Therefore, the request for a repeat epidural injection/epidurography was/is not medically necessary.