

Case Number:	CM14-0104722		
Date Assigned:	09/19/2014	Date of Injury:	08/31/2013
Decision Date:	10/17/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family 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:

This is a 63-year-old male patient who reported an industrial injury on 8/31/2013, 13 months ago, attributed to the performance of his usual and customary job duties. The patient is noted to have the underlying comorbidity of diabetes mellitus. The patient has been treated with 16 sessions of chiropractic care without functional improvement; 12 sessions of physical therapy with moderate pain relief; 18 sessions of acupuncture with no sustained functional improvement and use of the back brace. The patient has been prescribed naproxen; Sonata; Ativan; and a topical compounded cream. X-rays of the lumbar spine dated 5/22/2014 documented evidence of a grade 1 posteriorolisthesis of L4 on L5, degenerative marginal osteophytes off the anterior and plates of L3, L5, and S1; grade 2 anterior wedge compression deformity of L1. Electrodiagnostic studies of the lower extremities documented abnormal study with possible lumbar radiculopathy right L5 and S1; no evidence of entrapment neuropathy on the peroneal and tibial nerves; and no evidence of distal peripheral neuropathy in the lower extremities. The MRI of the lumbar spine documented evidence of subacute fracture of the end plate of L1 vertebral body would 20% loss of vertebral body height without any retropulsion, mild scattered degenerative changes lumbar spine with mild bilateral foraminal narrowing at L4-L5 and L5-S1. The patient was documented to complain of constant pain across the lumbar spine radiating to the iliac crest. The patient denied pain to the lower extremities with numbness or tingling. The patient wished to consider injections over surgery. The objective findings on examination documented diminished range of motion the lumbar spine; sensory motor power testing as was normal; SLR negative bilaterally. The patient was prescribed modified duty. The treatment plan included a pain management consultation for injections along with the prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULT FOR LUMBAR SPINE INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter lumbar spine ESI Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines updated back chapter 12 pages 179-80

Decision rationale: The request for authorization of the pain management for evaluation and treatment is not supported with objective evidence to support the medical necessity of the request. There are no objective findings documented on examination to support the medical necessity of injections to the lumbar spine by pain management. There is no documentation of the criteria to support the medical necessity of lumbar ESI's or median branch blocks. The patient was noted to have persistent lower back pain within L1 20% compression fracture. The patient was noted to request injections over the consideration of surgical intervention. There is no clear documentation of objective findings requiring more treatment other than the recommended home exercise program for conditioning and strengthening. The patient should be treated with OTC medications and HEP. The medical record provides no objective findings to the low back other than TTP and diminished ROM to support the medical necessity of the requested pain management. There is no provided rationale to support the medical necessity of an evaluation and treatment with pain management. There is no objective evidence to support the medical necessity of the referral to a pain management for additional treatment in relation to the diagnosed chronic low back pain. There is no medical necessity for interventional pain management to the lower back. The medical necessity of a pain management for an evaluation and treatment is not demonstrated as there is no objective evidence of any further treatment being required other than conservative care and home exercises.