

Case Number:	CM14-0017924		
Date Assigned:	04/16/2014	Date of Injury:	01/03/2012
Decision Date:	06/30/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/12/2014

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 Acupuncture and Pain 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 patient is a 55 year old male with date of injury 1/3/12 with related low back pain. Per 1/7/14 progress report, his pain intermittently radiated to the bilateral legs with numbness, worse on the right side. There was increased pain with extension and lateral bending. He also had bilateral knee pain. He rated his pain 7/10. On September 27, 2013, he was administered L4-L5 and L5-S1 epidural injection. He got a relief of his symptoms after a couple of days, which lasted for one week and then his pain returned. He had a decrease in radicular symptoms after receiving three lumbar epidural steroid injections. These have provided 50% to 70% relief of his symptoms and decreased his medication usage. MRI of the lumbar spine dated 2/8/13 revealed multiple levels of disc protrusions. L4-L5 has a 4 mm disc protrusion resulting in abutment of the descending L5 nerve roots bilaterally as well as abutment of the exiting right and left L4 nerve roots. At L5-S1, there is a 3mm disc protrusion with abutment of the descending S1 nerve roots bilaterally, a mild degree of central canal stenosis and abutment of the exiting right and left L5 nerve roots with moderate narrowing of the neural foramina bilaterally. EMG/NCV testing dated 1/15/13 revealed chronic left C6 and C7 radiculopathy and chronic bilateral L5 radiculopathy. The injured worker was refractory to physical therapy, chiropractic therapy, home exercise program, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-S1 MEDIAL BRANCH BLOCK 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), Neck & Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS)

Decision rationale: The ODG indicates that facet joint injections are recommended for patients with low-back pain that is non-radicular and at no more than two levels bilaterally. Per 1/7/14 progress report, sensation is intact as to pain, temperature, light touch, vibration and two-point discrimination in all dermatomes except at the bilateral L4 and L5 dermatomes. These findings are consistent with radiculopathy. As this procedure is limited to patients with low-back pain that is non-radicular, the request is not medically necessary.

URINE TOXICOLOGY SCREENING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 87.

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse nor do they appear to be currently prescribed opioid therapy. As the injured worker does not demonstrate any indicators, nor is there any documentation of aberrant behavior or controlled substance prescription, the request is not medically necessary.