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| Case Number: | CM14-0118791 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 10/05/1999 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 07/07/2014 |
| Priority: | Standard | Application Received: | 07/29/2014 |

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 47-year-old female who reported an injury on 10/05/1999, reportedly sustained injuries to her lower back from very heavy work. The injured worker's treatment history included medications, functional restoration program, MRI, and x-rays. The injured worker was evaluated on 04/07/2014, and it was documented that the injured worker had a flair up of pain in her hands related to cleaning up after her dog. It was noted that she took 4 Aleve's to help relieve her pain. The provider noted she explained to the injured worker understanding the risks with NSAIDs and specifically to her, as she has a sensitive stomach. Within the documentation the provider noted the injured worker has been extremely compliant and motivated to detox off her opiate medications. However, she may very well need to be maintained on a low dose of suboxone for pain. Medications included methadone 2 mg, gabapentin 300 mg, Wellbutrin 150 mg, Effexor 15 mg, and Zofran 4 mg. Diagnoses include lumbar radiculopathy, degenerative disc disease lumbar spine, lumbar facet arthropathy, left shoulder adhesive capsulitis, rule out internal derangement with possible SLAP lesion but more likely impingement syndrome, bilateral plantar fasciitis, bilateral Morton's neuroma, status post right carpal tunnel, major depressive disorder, anxiety NOS, opiate dependency to prescribed opiates, benzodiazepine dependence, rule out opiate induced hyperalgesia, sleep disorder, absent libido, asthma, and tobacco addiction. A Request for Authorization or rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injections L3-L4, L4-L5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, low back - Lumbar & Thoracic (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The documents submitted for review lacked outcome measurements of conservative care such as, physical therapy sessions and home exercise regimen for the injured worker. In addition, the guidelines do not support a probable diagnosis of facet-mediated pain given radicular symptoms. Given the above, the request for lumbar facet injections L3-L4, L4-L5, and L5-S1 are not medically necessary.