

Case Number:	CM14-0127646		
Date Assigned:	08/15/2014	Date of Injury:	11/30/2009
Decision Date:	09/18/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 53 year-old male was reportedly injured on 11/30/2009. The mechanism of injury was noted as a fall. The most recent progress note, dated 7/23/2014, indicated that there were ongoing complaints of low back pain that shoots down the lower extremity. No physical examination was performed on this data service. Diagnostic imaging studies included an MRI of the cervical spine, dated 3/12/2014, which revealed mild to moderate degenerative disc disease at multilevel C6 to C7. Lumbar spine on same date of service revealed L2 to L3 disc bulge with bilateral neural foraminal narrowing, central stenosis with bilateral facet hypertrophy, L3 to L4 disc bulge with bilateral neural foraminal narrowing and severe central canal stenosis, and facet joint hypertrophy, L4 to L5 central canal stenosis with bilateral facet hypertrophy, and L5 to S1 disc bulge with bilateral foraminal narrowing and bilateral facet hypertrophy. Electromyography (EMG) and nerve conduction studies (NCS) dated 5/12/2014 of bilateral lower extremities revealed normal study. Previous treatment included medications and lumbar epidural steroid injections the most recent 6/23/2014. A request was made for Bilateral Lumbar Facet Injection at L3 to L4, L4 to L5, and L5 to S1 and was not certified in the preauthorization process on 8/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Facet Injections Quantity Requested: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation current physical exam. After reviewing the medical records provided, it is noted the patient had a recent epidural steroid injection 6/2014. There is no documentation of injections response to pain or functional improvements of at least fifty percent pain relief. As such, the requested procedure is not medically necessary.

Bilateral L4-5 Facet Injections Quantity Requested: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation current physical exam. After reviewing the medical records provided, it is noted the patient had a recent epidural steroid injection 6/2014. There is no documentation of injections response to pain or functional improvements of at least fifty percent pain relief. As such, the requested procedure is not medically necessary.

Bilateral L3-4 Facet Injections Quantity Requested: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient

clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation current physical exam. After reviewing the medical records provided, it is noted the patient had a recent epidural steroid injection 6/2014. There is no documentation of injections response to pain or functional improvements of the at least fifty percent pain relief. As such, the requested procedure is not medically necessary.