

Case Number:	CM14-0182119		
Date Assigned:	11/06/2014	Date of Injury:	09/09/1997
Decision Date:	12/12/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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; has a subspecialty in Pain Management 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 male patient with the date of injury of September 9, 1997. A Utilization Review dated November 3, 2014 recommended non-certification of repeat caudal ESI (B) L4-S1. An Office Visit Note dated October 21, 2014 identifies Subjective Complaints of pain 3/10. Physical Exam identifies TTP L4-5 facets bilaterally made worse with extension and lateral bend. Assessment identifies shortness of breath and lumbosacral spondylosis without myelopathy. Plan identifies repeat intraarticular facet injection bilateral L3-4 & L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-Articular injection bilateral L3, 4, 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back 9792.20 Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for Intra-Articular injection bilateral L3, 4, 5, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that therapeutic facet joint medial branch blocks are not recommended except as a diagnostic tool. Within the documentation available for review, it appears the patient has previously undergone facet injections. Guidelines do not support repeat facet injections and instead recommend proceeding to medial branch blocks and neurotomy. As such, the currently requested Intra-Articular injection bilateral L3, 4, 5 is not medically necessary.

Chest X-ray: 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) Low 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 Chapter, Preoperative testing, general

Decision rationale: Regarding request for chest x-ray, California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Within the medical information made available for review, there is no indication that the patient's clinical history, comorbidities, and physical examination findings suggest preoperative evaluation is necessary. In the absence of such documentation, the currently requested chest x-ray is not medically necessary.

Lab work to include CBC w/diff, CMP, CRP, ESR: 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) Low 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 Chapter, Preoperative lab testing

Decision rationale: Regarding request for Lab work to include CBC w/diff, CMP, CRP, ESR, California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the preoperative urinalysis is recommended for patients undergoing invasive urological procedures and those undergoing implantation of foreign material; preoperative electrolyte and creatinine clearance testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; preoperative random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus; preoperative A1 C testing is recommended for patients with diagnosed diabetes when the result would change perioperative management; preoperative blood count is recommended for patients with diseases that increase the risk of anemia or patient in whom

significant perioperative blood loss is anticipated; preoperative coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding for those taking anticoagulants. Within documentation available for review, there is no indication that the patient meets any of these criteria. In the absence of such documentation, the currently requested Lab work to include CBC w/diff, CMP, CRP, ESR is not medically necessary.