

Case Number:	CM14-0022994		
Date Assigned:	05/14/2014	Date of Injury:	05/08/2012
Decision Date:	07/10/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier shoulder surgery; and rotator cuff repair surgery; 24 sessions of postoperative physical therapy, per the claims administrator; lumbar MRI imaging of August 28, 2013, notable for multilevel degenerative disk disease with mild spinal canal narrowing at L3-L4 and L4-L5; 5% whole-person impairment rating for the lumbar spine; and a separate 5% impairment rating for the shoulder. In a Utilization Review Report dated January 28, 2014, the claims administrator denied a request for an epidural steroid injection and a concurrent facet joint injection. Non MTUS ODG Guidelines were cited in the decision to deny the facet block, although the MTUS, through ACOEM, did address the topic. The applicant's attorney subsequently appealed. On June 7, 2013, the applicant was described as working without restrictions as of that point in time. On December 4, 2013, the applicant was described as having persistent low back and buttock complaints with tenderness about the joints. The applicant was given a 5% whole-person impairment rating. It was stated that the applicant did not have any radicular findings and did not need surgery. The epidural steroid injection and facet joint injection were apparently requested through a subsequent request for authorization form dated January 17, 2014. No narrative rationale, commentary, or progress note was attached to said request for authorization (RFA) form.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L5 TRANSFORMINAL EPIDURAL STEROID INJECTION VIA EPIDUROGRAM: Upheld

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

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

Decision rationale: No, the proposed epidural steroid injection is not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks, in this case, however, the applicant does not seemingly have any radicular complaints for which either a diagnostic or a therapeutic epidural steroid injection would be indicated. The applicant's lumbar MRI was essentially negative and failed to uncover any clear source for the applicant's complaints. Finally, the attending provider submitted the request without any accompanying rationale, narrative, commentary, or progress note. Therefore, the request seemingly runs at odds with the most recent completed progress note of December 2013. Therefore, the request is not medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 46, Epidural Steroid Injection topic.

LEFT L4-5 L5-S1 FACET INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The proposed multilevel facet joint injection is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections are deemed "not recommended." In this case, as with the other request, the applicant's symptoms were seemingly described as minor as of December 2013. There was no clear mention or description of facetogenic pain on that date. It was stated that the applicant's symptoms were minor to mild and that the applicant was not a candidate for any kind of interventional spine procedure or surgical intervention as of December 2013. The request for authorization for the facet block was apparently transmitted on January 17, 2014, without any accompanying rationale, narrative, commentary, or progress note, so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary. REFERENCES: ACOEM Practice Guidelines, Chapter 12, Table 12-8, page 309.

