

Case Number:	CM14-0026514		
Date Assigned:	06/13/2014	Date of Injury:	09/27/2006
Decision Date:	07/23/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 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:

Patient is a 60 year-old female with date of injury 09/27/2006. The medical record associated with the request for authorization, a primary treating physician's progress report dated 02/04/2014, lists subjective complaints as ongoing lower back pain and intermittent lower extremity pain. Patient notes the pain is persistent in nature and progressively worsening. Objective findings: An examination of the lumbar spine revealed restricted range of motion with flexion and extension limited by pain. Facet joint loading exam was positive at the L4-L5 and L5-S1 bilaterally. No new focal dermatomal or myotomal deficits were noted. Diagnosis: 1) Cervical pain, left upper extremity pain attributed to multi-level disc compromise stenosis. C5-6, C6-7, C7-T1 level 2) Left shoulder pain with abnormal MRI findings 3) Low back pain, gluteal pain, lower extremity radiculopathy attributed to multi-level disc compromise, affecting the patient's clinical symptomology in the L3-4, L4-5 distribution pattern and 4) Mechanical low back pain, possibly related to L4-5, L5-S1 facet joint arthroscopy. The patient underwent an MRI of the lumbar spine with contrast on 10/15/2012, which revealed: 1) Scoliosis of the lumbar spine and 2) Mild to moderate bilateral facet changes and ligamentum flavum hypertrophy at L2-3, L3-4, L4-5 and L5-S1. The patient also underwent a transforaminal nerve root injection at right L4-5 and L5-S1 on 12/19/2012. There is no reported improvement in the patient's pain documented in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL L4-L5 AND L5-S1 FACET INJECTION WITH EPIDUROGRAPHY:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46.

Decision rationale: The California MTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. There is no documentation of objective functional improvement or improvement in pain by 50%. Lumbar subdural steroid injection is not medically necessary.