

Case Number:	CM14-0033798		
Date Assigned:	06/20/2014	Date of Injury:	03/15/2004
Decision Date:	08/20/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 31-year-old male who reported an injury on 03/15/2004. The mechanism of injury was not provided within the documentation. Prior treatments were noted to be physical therapy, chiropractic care, and transcutaneous electrical nerve stimulation. His diagnosis was noted to be low back pain. A clinic note dated 03/21/2013 documented the injured worker with continued low back pain, denying any bowel or bladder dysfunction. The injured worker stated the pain was better when he sat down and worse when he was doing any kind of heavy lifting. He did not use a cane or crutch and could walk about a mile before he had to stop. The injured worker described pain at a 6/10 on a regular basis. The physical examination noted diffuse tenderness in the lower lumbar spine with no long tract signs or reflex changes. His hip and knee had full range of motion. There was negative Babinski. Reflex was 2+ and equal bilaterally in L4 and S1 distribution. The provider's rationale for the request was not provided within the clinic note. A request for authorization for medical treatment was documented for 1 of the requests and it was dated 02/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal selective nerve root injection at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The request for Bilateral Transforaminal selective nerve root injection at L5-S1 is non-certified. The California MTUS American College of Occupational and Environmental Medicine state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state there should be no evidence of radicular pain, spinal stenosis, or previous fusion. No more than 2 joint levels may be blocked at any 1 time. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Upon review of the injured worker's clinical note dated 03/21/2013, the clinical documentation is not consistent with facet joint pain. It does not document an exercise plan post procedure. The physical examination did not indicate a normal straight leg raise, absence of radicular findings, or a normal sensory exam. Therefore, the request for Bilateral Transforaminal selective nerve root injection at L5-S1 is non-certified.

Bilateral Transforaminal selective nerve root injection at L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The request for Bilateral Transforaminal selective nerve root injection at L4-L5 is non-certified. The California MTUS American College of Occupational and Environmental Medicine state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state there should be no evidence of radicular pain, spinal stenosis, or previous fusion. No more than 2 joint levels may be blocked at any 1 time. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Upon review of the injured worker's clinical note dated 03/21/2013, the clinical documentation is not consistent with facet joint pain. It does not document an exercise plan post procedure. The physical examination did not indicate a normal straight leg raise, absence of radicular findings, or a normal sensory exam. Therefore, the request for Bilateral Transforaminal selective nerve root injection at L4-L5 is non-certified.