

Case Number:	CM14-0038394		
Date Assigned:	06/27/2014	Date of Injury:	04/05/2013
Decision Date:	07/31/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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 is licensed to practice in Massachusetts . 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:

According to the documents available for review, the patient sustained a fall and subsequently injured her lumbar spine on 4/5/13. She is currently receiving care for her resulting low back pain. An MRI of her lumbar spine performed on 4/19/13 indicates mild left and right L5 foraminal narrowing, with an annular tear at L5/S1 without nerve impingement and L4/L5 mild bilateral stenosis of the lateral recesses with mild L4 foraminal narrowing. Progress note dated 10/1/13 indicates the patient continues to take Motrin, Restoril and Norco and had undergone a prior epidural steroid injection without relief. Physical exam on that date indicates tenderness of the spinous processes at L4/L5 and L5/S1, bilateral iliac spine tenderness and pain in the left anterior thigh radiating to the knee. A request for facet injections at L3-S1, specifically at L4/L5 and L5/S1 were requested and denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint injections from L3-S1, specifically at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low back lumbar and thoracic pain <Facet injections>.

Decision rationale: MTUS Guidelines state that one diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated lumbar rigidity and not alleviated with conservative treatments. According to the available documents for review, there are no physical exam maneuvers performed to assess the lumbar facets and no indications, assessments or conclusions that the patient's back pain complaints are primarily axial in nature. The patient's main pain complaints involved her left anterior thigh. As such, the request is not medically necessary.

Selective nerve root blocks involving the superior and inferior facets of L4, L5 and S1:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Criteria for ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain Chronic <Criteria for ESI.

Decision rationale: Per the ODG guidelines, the criteria for the use of epidural steroid injections include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment; Injections should be performed using fluoroscopy for guidance; If used for diagnostic purposes, a maximum of two injections should be performed. According to the available documents for review, the patient's MRI does indicate left side foraminal narrowing which does corroborate the patient's symptoms. Additionally, a physical exam on 10/1/13 indicates ongoing left-sided radicular pain, with corresponding positive left side straight leg test and decreased reflexes on the left lower extremity. Additionally, her pain has been unresponsive to conservative measures. Therefore, the request is medically necessary.