

Case Number:	CM14-0038937		
Date Assigned:	06/27/2014	Date of Injury:	06/17/2011
Decision Date:	09/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/02/2014

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 & Rehabilitation and is licensed to practice in Texas. 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:

Medical Records reflect the claimant is a 50 year old female with a work related injury dated 6-17-11 with complaints of low back pain, bilateral lower extremity radiculopathy, myofascial strain, dependence of opioids, Benzodiazepine and anti-depressants for pain relief. The claimant has been treated with medications and lumbar epidural steroid injection with only 10% pain improvement. The claimant had an MRI of the lumbar spine on 4-5-13 that showed a small focal right protrusion at L5-S1 encroaching the descending right S1 nerve root, diffuse disc bulges at L1-L2 and L4-L5 with a 8 x 4 ganglion cyst at L4-L5 encroaching the descending left L5 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, MRIs.

Decision rationale: ACEOM Online Premium edition notes that MRI is recommended as an option for the evaluation of select chronic LBP patients in order to rule out concurrent pathology unrelated to injury. This option should not be considered before 3 months and only after other treatment modalities (including NSAIDs, aerobic exercise, other exercise, and considerations for manipulation and acupuncture) have failed. ODG reflects that MRI's are recommended if there is progressive neurological deficits, lumbar spine trauma. The claimant reports severe numbness and tingling in her lower extremities. Progress note from 11-5-13 noted the claimant had tremors throughout her body. On exam, the claimant has positive SLR bilaterally, guarded posture, positive facet and PSIS tenderness. Regarding the request for lumbar MRI, there is an absence in documentation noting objective radicular findings, or any red flags or progressive neurological deficits to support this request. Additionally, this claimant has a lot of non-physiologic findings that is not supported by her objective findings. Therefore, the medical necessity of this request is not established. The request is not medically necessary.

Facet Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Low Back.

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 - Lumbar & Thoracic, Facet joint diagnostic blocks (injections).

Decision rationale: CA MTUS guidelines do not specifically discuss the issue. ODG Guidelines reflect 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 with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended. This claimant reports severe numbness and tingling in her lower extremities. Progress note from 11-5-13 noted the claimant had tremors throughout her body. On exam, the claimant has positive SLR bilaterally, guarded posture, positive facet and PSIS tenderness. Regarding the request for facet blocks, while she has some positive facet tenderness, there is no indication that she has pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity. Her pain is not localized and reports radiating pain. Additionally, ODG reflects that this injection is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. Therefore, based on the records provided, the request for facet blocks, nonspecific levels, is not established as medically indicated. The request is therefore not medically necessary.