

Case Number:	CM14-0050567		
Date Assigned:	06/25/2014	Date of Injury:	08/26/2005
Decision Date:	07/30/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 54-year-old male with a reported date of injury on 08/26/2005. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with complaints of chronic mid back, low back and bilateral leg, knee and foot pain. The MRI of the lumbar spine dated 09/05/2013 revealed development of a small 2.5 mm left parasagittal disc protrusion; 2.5 to 3 mm left lateral disc osteophyte complex projects towards the emerging left L3 nerve root, and lateral recess stenosis on the right at the origin of the S1 nerve root. According to the clinical information, the injured worker was hospitalized 05/05/2014 through 05/14/2014 for severe back pain, during which the injured worker underwent lumbar and thoracic epidural injections, as well as thoracic facet blocks. According to the documentation, the results of the injections were 100% pain relief with lumbar pain and 50% pain relief in the thoracic spine with the injections. Within the clinical note dated 06/05/2014 the injured worker reported his pain at 7/10. In addition, the physician indicated that the medications prescribed were keeping the patient functional, allowing for increased mobility and tolerance of ADLs and home exercises. Upon physical examination, the physician indicated the injured worker's deep tendon reflexes in the upper and lower extremities were normal bilaterally, lower extremity strength was noted to be decreased bilaterally. The injured worker's diagnoses included post-laminectomy syndrome, degenerative lumbar/lumbosacral intervertebral disc and thoracic spondylosis without myelopathy. The injured worker's medication regimen included oxycodone and Lyrica. The request for authorization for destroy 1/s facet joint (jnt) additional (addl), injection foramen epidural c/t, and injection paravertebral (parvert) f joint (jnt) c/t 1 level (lev) was not submitted. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

T-8-9 Rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Thoracic Facet Blocks: Back Chapter.

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, Facet Joint Injections, Lumbar.

Decision rationale: According to the clinical documentation provided for review, the injured worker underwent previous Epidural Steroid Injections (ESIs) and stated that he had 100% pain relief lasting for 2 days. The ESIs were performed between 05/05/2014 and 05/14/2014. In the clinical documentation dated 06/05/2014, the injured worker rated his pain at 7/10. There is a lack of documentation related to previous physical therapy and the therapeutic outcome. In addition, the clinical information lacks documentation related to the utilization of physical therapy or conservative care in conjunction with the facet joint injections. Therefore, the request for destroy 1/s facet joint (jnt) additional (addl) (T8-9 Rhizotomy) is non-certified.

Transforaminal Epidural Steroid Injection L5-S1 Right Side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The clinical information provided for review lacks documentation related to the injured worker's previous physical therapy and the therapeutic outcome. According to the clinical documentation provided for review, the injured worker underwent previous ESIs, medial branch blocks, and facet joint injections between 05/05/2014 and 05/14/2014. The clinical note dated 06/05/2014 indicates that the injured worker presented on that date with pain rated at 7/10. There is a lack of documentation related to radiculopathy being corroborated by imaging studies and/or electrodiagnostic testing. In addition, the request as submitted failed to provide the use of fluoroscopy (live x-ray) for guidance. Therefore, the request for injection foramen epidural c/t (Transforaminal Epidural Steroid Injection L5-S1 Right Side) is non-certified.

Thoraco-Lumbar Junction Therapeutic/Diagnostic Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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, Facet Joint Injections, Lumbar.

Decision rationale: According to the clinical documentation provided for review, the injured worker underwent previous Epidural Steroid Injections (ESIs) and stated that he had 100% pain relief lasting for 2 days. The ESIs were performed between 05/05/2014 and 05/14/2014. In the clinical documentation dated 06/05/2014, the injured worker rated his pain at 7/10. There is a lack of documentation related to previous physical therapy and the therapeutic outcome. In addition, the clinical information lacks documentation related to the utilization of physical therapy or conservative care in conjunction with the facet joint injections. In addition, a successful facet joint injection would include the documentation of pain relief of at least 50% for a duration of at least 6 weeks. Therefore, the request for injection paravertebral (parvert) f joint (jnt) c/t (Thoraco-Lumbar Junction Therapeutic/Diagnostic Epidural Steroid Injection) 1 level (lev) is non-certified.