

Case Number:	CM14-0055083		
Date Assigned:	07/09/2014	Date of Injury:	02/23/1995
Decision Date:	09/05/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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 Nevada. 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 73-year-old who female was reportedly injured on 2/23/1995. The mechanism of injury was noted as a fall. The injured worker underwent a lumbar laminectomy in 2005-2006. The most recent progress note dated 7/15/2014, indicated that there were ongoing complaints of low back, groin and leg pain. Physical examination of the lumbar spine demonstrated pain over lumbar facets, intervertebral spaces and sacroiliac joints. Range of motion was flexion 40 degrees, extension 15 degrees, and lateral flexion 15 degrees. Straight leg raising was positive at 50-60 degrees, with 5/5 motor strength bilaterally, hypoesthesia to the left side, and patellar deep tendon reflex was absent. Magnetic resonance image of the lumbar spine, dated 11/2/2011, demonstrated a laminectomy at L2-S1 with previous spinal stenosis markedly alleviated. Mild scoliosis centered at L3 convex to the left was noted. There were multilevel disk bulges, facet arthropathy and degenerative disk disease resulting in mild to moderate canal stenosis at L1-L2 and L2-L3, as well as mild to moderate foraminal stenosis from L1-L2 to L5-S1. Nerve conduction velocity (NCV) studies revealed S1 radiculopathy. Diagnoses include lumbar radiculitis, backache and post laminectomy syndrome. Previous treatment included lumbar laminectomy, epidural steroid injections (last epidural steroid injection was on 2/20/2014), facet injections, physical therapy, transcutaneous electrical nerve stimulation unit and medications to include anti-inflammatories, muscle relaxers and opiates. A request was made for bilateral facet joint injections at L3-L4, L4-L5 and L5-S1 and a series of three lumbar epidural steroid injections at L1-L2, which were not certified in the utilization review on 4/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION FACET JOINT, BILATERAL L3-L4, L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: ACOEM Guidelines do not support repeating facet joint injections (median branch blocks) in patients who have failed to achieve lasting functional improvement with a prior injection. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such, this request is not considered medically necessary.

Injection Steroid Epidural, Series of three L1-L2 #3: 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 Page(s): 46.

Decision rationale: MTUS Guidelines support the maximum of two diagnostic lumbar epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. Treatment guidelines specifically state that a "series-of-three" diagnostic and/or therapeutic injections is not recommended. As such, this request is not considered medically necessary.