

Case Number:	CM14-0070350		
Date Assigned:	07/14/2014	Date of Injury:	01/20/2012
Decision Date:	09/26/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/15/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 28, 2012. Thus far, the applicant has been treated with analgesic medications; attorney representations; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 17, 2014, the claims administrator denied a request for a lumbar epidural steroid injection as well as a facet joint injection. The claims administrator did not incorporate cited MTUS Guidelines into its rationale, it is incidentally noted. In a medical-legal evaluation of December 23, 2013, the applicant presented complaining of hip pain, pelvic pain, low back pain, knee pain, thigh pain, anxiety, depression, insomnia, headaches, psychological stress, and a 40-pound weight gain. The applicant did have comorbid fibromyalgia, it was acknowledged. The applicant was off of work, on total temporary disability, it was further stated. The applicant was given a diagnosis of lumbar radiculitis versus hip bursitis versus lateral femoral cutaneous neuritis. The medical-legal evaluator posited that the applicant was totally temporary disabled. In a March 31, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. Hyposensorium was noted about the legs with paraspinal tenderness also appreciated. The applicant was given diagnoses of spondylolisthesis, healed acetabular fracture, hip bursitis, knee chondromalacia, lateral femoral cutaneous neuritis, and shoulder impingement syndrome. An epidural injection and facet injection were concurrently sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESI's).

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option for treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies the recommendation by noting that radiculopathy must be documented with physical exam and corroborated by imaging studies and/or electrodiagnostic testing. In this case, however, there is no clear radiographic or electrodiagnostic corroboration of radiculopathy. The fact that the applicant has been given so many different diagnoses, including lateral femoral cutaneous neuritis, trochanteric bursitis of the hip, discogenic low back pain/facetogenic low back pain, knee chondromalacia, healed acetabular fracture, spondylolisthesis, facet arthropathy, etc., all imply a considerable lack of diagnostic clarity and argue against the presence of any bona fide radiculopathy which would warrant epidural steroid injection therapy. Therefore, the request is not medically necessary.

L4-L5 Facet Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, such as are being sought here, are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity. There is no clear evidence of facetogenic low back pain or discogenic low back pain for which facet joint injections could be considered. The fact that the applicant has been given so many different diagnoses, including lateral femoral cutaneous neuritis, knee chondromalacia, hip bursitis, healed acetabular fracture, lumbar radiculitis, etc., imply a considerable lack of diagnostic clarity which further argues against the need for facet injections here. Therefore, the request is not medically necessary.