

Case Number:	CM14-0082026		
Date Assigned:	08/29/2014	Date of Injury:	02/15/2012
Decision Date:	09/25/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/03/2014

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, has a subspecialty in Pain Management 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:

According to the records made available for review, the injured worker is a 53-year-old male with a 2/15/12 date of injury and status post lumbar laminectomy at L5-S1 in 1988. There is documentation of subjective findings of severe low back pain and objective findings of decreased sensation in the right S1 distribution, pain with lumbar extension and rotation, tenderness to palpation over the bilateral lumbar paraspinal musculature, and positive facet loading at L4-5 and L5-S1. Current diagnoses are status post L5-S1 laminectomy, low back pain, and lumbar radiculopathy. Treatment to date includes lumbar epidural injections, physical therapy, medications, and activity modification. In addition, medical report identifies a request for facet joint medial branch block at bilateral L4-5 and L5-S1 with fluoroscopic guidance and epidurography. Furthermore, 5/29/14 UR determination identifies certification of the request for facet joint medial branch block at bilateral L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDUROGRAPHY: 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 CHAPTER.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (J Anaesth Clin Pharmacol 2004; 20(3), 239-244).

Decision rationale: An online search identifies documentation of a diagnosis/condition for which an epidurogram is indicated (such as: non diagnostic physical findings and a negative or equivocal lumbar myelogram; radiculopathy; failed response to epidural steroids; post laminectomy failed syndrome; post surgical irritation lasting longer than 3 weeks; failed back after conservative therapy; patients with pacemaker where MRI is contraindicated; or as a confirmative test for epidural placement of catheter, drugs and/or as a preliminary procedure before epiduroscopy), as criteria necessary to support the medical necessity of epidurography. Within the medical information available for review, there is documentation of diagnoses of status post L5-S1 laminectomy, low back pain, and lumbar radiculopathy. In addition, there is documentation of a request for bilateral facet joint medial branch block at bilateral L4-5 and L5-S1 with epidurography. Furthermore, there is documentation that the requested facet joint medial branch block at bilateral L4-5 and L5-S1 has been certified/authorized. However, there is no documentation of a diagnosis/condition for which an epidurogram is indicated (a confirmative test for epidural placement of catheter, drugs and/or as a preliminary procedure before epiduroscopy). Therefore, based on guidelines and a review of the evidence, the request for epidurography is not medically necessary.

FLUOROSCOPIC GUIDANCE: Overturned

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 CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks); Medial Branch Blocks (MBBs).

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. The Official Disability Guidelines (ODG) identifies that facet joint injections are injections of a steroid (combined with an anesthetic agent) into the facet joint under fluoroscopic guidance to provide temporary pain relief. In addition, ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of status post L5-S1 laminectomy, low back pain, and lumbar radiculopathy. In addition, there is documentation of a request for bilateral facet joint medial branch block at bilateral L4-5 and L5-S1 with fluoroscopy. Furthermore, there is documentation that the requested facet joint medial branch block at bilateral L4-5 and L5-S1 has been certified/authorized. Therefore, based on guidelines and a review of the evidence, the request for fluoroscopic guidance is medically necessary.

