

Case Number:	CM14-0097963		
Date Assigned:	07/28/2014	Date of Injury:	07/24/2003
Decision Date:	09/12/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/26/2014

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, Pain Medicine and is licensed to practice in Oklahoma and 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:

The injured worker is a 67-year-old male who reported an injury on 07/24/2003. The mechanism of injury was not provided with the documentation submitted for review. His diagnoses were noted to be lumbar disc displacement, lumbar radiculopathy, low back pain and insomnia. His prior treatments were noted to be medications and epidural steroid injections. He had diagnostics including electrodiagnostic testing and an MRI. The subjective complaints were noted in a secondary treating physician's progress reported dated 06/03/2014. The injured worker had complaints of pain located in the lower back. He described pain as sharp, stabbing, burning and constant. Pain radiated into the left leg. Numbness was noted, as well as paresthesia and weakness. The objective physical exam findings included paralumbar spasm, which was 2+, tenderness to palpation on the left. Atrophy was present in the quadriceps. On forward flexion the injured worker was able to reach to the knees. Straight leg raising was at 40 degrees positive on the left. Range of motion to the spine was limited secondary to pain. Lower extremity deep tendon reflexes were absent at the knees. Sensation to light touch was decreased on the left and in the lateral thigh. Motor strength of the lower extremities measured 5/5 in all groups bilaterally. Medications were noted to be Flexeril, Prilosec, Roxicodone and Neurontin. The treatment plan was for medications. The provider's rationale for the request was not noted. A Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 lumbar facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Lumbar spine, Facet joint diagnostic blocks (injections).

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 INJECTIONS.

Decision rationale: The request for L4-L5 lumbar facet injection is not medically necessary. The documentation submitted for review included a secondary treating physician's progress report with an assessment. The objective findings did not indicate pain related to facet joint pathology. Tenderness to palpation would be in the paravertebral areas over the facet region; there would be normal sensory examination; absence of radicular findings; and a normal straight leg raising exam. According to the objective data, the injured worker does not meet the criteria of facet joint pain. As such, the request for L4-L5 lumbar facet injection is not medically necessary.

Monitored anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Lumbar spine, Facet joint diagnostic blocks (injections).

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, PREOPERATIVE TESTING, GENERAL.

Decision rationale: The request for monitored anesthesia is not medically necessary. The Official Disability Guidelines state preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying injured workers at high risk of postoperative complications may be to conduct a history and physical examination, with the selective testing based on the clinician's findings. The clinical evaluation lacks objective evidence of physical and clinical necessity. It is not noted that the injured worker is at high risk. As such, the request for monitored anesthesia is not medically necessary.

Epidurography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Lumbar spine, Facet joint diagnostic blocks (injections).

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: Alemo S. Observational study of the use of an epidurogram in interlaminar lumbar epidural steroid injection. Br J Anaesth 104(5): 665-6, 01-May-2010.

Decision rationale: The request for epidurography is not medically necessary. According to a medical library document in Triad Healthcare Musculoskeletal Health Services define epidurography as a radiologic imaging examination performed on the veins lining in the spinal canal. Contrast is injected into the epidural space under direct fluoroscopy. Examining the flow of contrast in the epidural space around the nerves to be studied, aids in the diagnosis of intervertebral disc herniation, narrowing and swelling around the nerve and/or nerve roots and compressive lesions. When an epidurogram is performed, the following documentation is required: a preoperative note defining the surgical or clinical requirement of this procedure versus fluoroscopy; and a second procedural note containing a detailed description of the bony anatomy of the spinal canal in the area where the epidurogram is to be performed and a diagnosis produced by the epidurogram procedure that answers the clinical question posed prior to its performance. Documentation submitted for review does not meet the criteria to find medical necessity of an epidurography. As such, the request for epidurography is not medically necessary.