

Case Number:	CM14-0132907		
Date Assigned:	08/22/2014	Date of Injury:	02/18/2012
Decision Date:	01/20/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/19/2014

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, has a subspecialty in Preventive 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 February 18, 2012. In a Utilization Review Report dated August 6, 2014, the claims administrator failed to approve requests for facet joint injections, monitored anesthesia care, and epidurography. The claims administrator noted that the applicant was status post an L2-S1 laminotomy, foraminotomy, and decompression surgery on September 18, 2012. The applicant had also received an epidural steroid injection on June 26, 2013, the claims administrator noted. The claims administrator also cited a progress note of July 18, 2014, as well as other progress notes interspersed over the course of the claim. The applicant's attorney subsequently appealed. In a January 6, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the legs. The applicant stated that his bilateral lower extremity radiculopathy had improved. The applicant had developed reactive depressive symptoms and weight gain, it was stated. Additional acupuncture and home exercises were endorsed. a 15-pound lifting limitation was also issued. It was not stated whether the applicant was or was not working with said limitation in place. On July 7, 2014, the applicant again reported persistent complaints of low back pain radiating into left leg. Positive straight leg raising with 5/5 motor strength was appreciated. The applicant was asked to consult a pain management specialist while remaining off of work, on total temporary disability. The applicant was given diagnoses including low back pain status post earlier lumbar decompressive surgery with residual moderate-to-severe spinal stenosis and associated bilateral lower extremity radiculopathy. Derivative complaints of depression and weight gain were appreciated. In a July 18, 2014 pain management consultation, the applicant reported persistent complaints of low back pain with associated paresthesias and lower extremity weakness. The applicant was "currently disabled," it was acknowledged. Tenderness over the facet joints was

appreciated. The applicant had difficulty walking on her toes and heels with positive left-sided straight leg raising and hyposensorium noted about the left leg. Diagnostic facet joint blocks were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5, L5-S1 facet joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back Chapter, Facet Joint Diagnostic Blocks (Injections)

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, the article at issue, are deemed "not recommended." In this case, it is further noted that there is a considerable lack of diagnostic clarity present here. The applicant's ongoing complaints of low back pain radiating into lower extremities, the attending provider's having given the applicant a diagnosis of residual lumbar spinal stenosis, and the applicant's history of earlier lumbar decompressive surgery, taken together, imply that the primary pain generator here, is, in fact, residual lumbar radiculopathy. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Monitored anesthesia care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (Web), 2013, Low Back Chapter, Facet Joint Diagnostic Blocks (Injections)

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

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for a lumbar facet injection. Since that primary request was deemed not medically necessary, the derivative or companion request for monitored anesthesia care (MAC) is likewise not medically necessary.

Epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website PainMd.com (<http://www.painmd.com/epidurography>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Journal of Neuroradiology, Epidurography and Therapeutic Epidural Steroid Injections: Technical considerations and experience with 5334 cases, Johnson et al.

Decision rationale: The MTUS does not address the topic. While the American Journal of Neuroradiology (AJNR) takes the position that epidurography in conjunction with epidural steroid injections provides for safe and accurate therapeutic injections, in this case, however, the applicant is not receiving an epidural steroid injection, nor was an epidural steroid injection sought. A facet joint injection request was deemed not medically necessary, above, it is incidentally noted. Since the epidurography in question was not sought in conjunction with epidural steroid injection therapy, the request, by definition, is not indicated. Therefore, the request is not medically necessary.