

Case Number:	CM14-0192080		
Date Assigned:	11/25/2014	Date of Injury:	04/25/2002
Decision Date:	01/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 60 year-old male who was injured on 4/26/02. He complains of lower back pain radiating to his extremities. On exam, he had spasms of the cervical, upper thoracic and lower back. There were no documented neurological findings. A 7/2014 lumbar MRI showed "mild multifactorial stenosis of the central spinal canal and lateral recesses at L2-3, mild to moderate central canal and lateral recess stenosis impinging upon the thecal sac in the region of the traversing L4 nerve rootlets with mild bilateral foraminal narrowing at L3-4, severe multifactorial central canal and lateral recess stenosis impinging upon the thecal sac in the region of the traversing L5 nerve rootlets with mild biforaminal stenosis at L4-5, and at L5-S1, there is mild lateral recess narrowing bilaterally associated disc bulging and spondylosis. There is mild contact with the thecal sac in the region of the S1 nerve root entry zones left greater than right. There is facet arthropathy bilaterally which could be a pain source, more pronounced on the left. There is moderate foraminal stenosis on the left impinging upon the exiting left L5 nerve rootlet." He was diagnosed with chronic lower back pain. His medications included Methadone, Norco, and Soma. He had trigger point injections with only a few days of improvement. The current request is for an evaluation for facet and epidural joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for facet and epidural joint injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com/odgtwc/low_back.htm; lumbar steroid injections, AMA pages 382-383

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

Decision rationale: Although the patient has pain radiating to his legs, there are no documented exam findings of radiculopathy or facet-mediated pain. According to MTUS guidelines, there has to be objective findings corroborated by diagnostic findings. He also has to have failed conservative therapy. There is no record of his response to physical therapy and other conservative measures, as well as specific responses to his medications. Therefore, the request is considered not medically necessary.