MAXIMUS Federal Services

Case Number:	CM14-0197736		
Date Assigned:	12/08/2014	Date of Injury:	05/10/2002
Decision Date:	01/23/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Pain Medicine and is licensed to practice in 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 58-year-old male who reported an injury on 05/10/2002. The mechanism of injury was not provided. His diagnoses included status post hardware removal with revision fusion at T10-S1, probable pseudoarthrosis at T10-L2, adjacent level disease at T9-10 with vacuum phenomenon and status post revision fusion at T9-S1. Past treatments included medications, surgery and injections. Diagnostic studies included an x-ray performed on 10/24/2014; and a CT of the lumbar spine without contrast performed on 09/18/2014. His surgical history was noted to include a replacement of hardware on 06/11/2013. He was seen for an evaluation following a PET CT of the thoracolumbar spine. Physical examination revealed an area of point focal tenderness on the right side of the thoracolumbar junction. His current medications were not listed. The treatment plan included a diagnostic injection at L1-2 under CT guidance adjacent to the area where his PET scan demonstrated moderate increased activity. A request was received for decision for local diagnostic injection under CT guidance at the area adjacent to the L1-2. The rationale for the request was not provided. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Local diagnostic injection under CT guidance at the area adjacent to the L1-2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks.

Decision rationale: The request for decision for local diagnostic injection under CT guidance at the area adjacent to the L1-2 is not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques including local injections are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks with the indication of future neurotomy for treatment. However, guidelines also state that diagnostic facet blocks should not be performed in patients who have had previous fusion procedure at the planned injection level. The clinical notes indicate the injured worker underwent spinal fusion with pseudoarthrosis at T10-12 with pseudoarthrosis at L2-3. As there is evidence of previous fusion procedures at the planned injection level the request is not supported. In addition, the request as submitted does not specify the type of diagnostic injection that would be administered. Therefore, the request is not medically necessary.