

Case Number:	CM14-0207023		
Date Assigned:	12/19/2014	Date of Injury:	09/25/2014
Decision Date:	02/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 low back pain reportedly associated with an industrial injury of September 25, 2014. In a Utilization Review Report dated December 1, 2014, the claims administrator failed to approve request for an L4-L5 facet cyst aspiration with associated CT guidance. A lumbar steroid injection was also denied. The claims administrator's denial was difficult to follow and seemingly predicated on the fact that the attending provider did not furnish radiologic interpretation of MRI results. The applicant's attorney subsequently appealed. In a November 7, 2014 progress note, the applicant reported severe back pain and was placed off of work, on total temporary disability. Associated sciatic complaints were noted. The applicant apparently had a herniated disk at L4-L5. An orthopedic consultation was endorsed. Lumbar MRI imaging of November 5, 2014 was notable for a small disk herniation at L4-L5. The remainder of the lumbar MRI was otherwise unremarkable. Spinal canal and neural foramen were patent at each level, it was suggested. In a handwritten note dated December 10, 2014, the applicant's treating provider noted that the applicant had ongoing complaints of low back pain radiating into the bilateral lower extremities, right greater than left. The applicant was using Motrin and Neurontin. The applicant was placed off of work, on total temporary disability. The attending provider stated that he was appealing previously denied epidural steroid injection therapy and facet cyst aspiration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 Facet Cyst Aspiration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.ncbi.nlm.nih.gov

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; Table 12-8-309. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3, Low Back, Initial Assessment, Zygapophysial (Facet) Joint Disease

Decision rationale: The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that facet joint injections, an article essentially analogous to the facet cyst aspiration procedure at issue, are deemed "not recommended." Similarly, the MTUS Guideline in ACOEM Chapter 12, page 300 also notes that invasive techniques are of "questionable merit." The Third Edition ACOEM Guidelines further notes that facet arthropathy and/or facet cyst formation will generally be demonstrated on x-ray imaging. Here, however, the applicant has apparently had both plain film imaging and more advanced MRI imaging of the lumbar spine, neither of which conclusively demonstrated the alleged facet cyst at issue. The applicant's presentation with ongoing complaints of low back pain radiating into the bilateral lower extremities is, furthermore, more suggestive of an active lumbar radiculopathy process as opposed to facetogenic low back pain for which the facet cyst aspiration at issue could be considered. Therefore, the request is not medically necessary.

Left L4-5 Epidural Steroid Injection (ESI): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.ncbi.nlm.nih.gov

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8-309.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, epidural corticosteroid injections for radicular pain are deemed "optional" to avoid the need for surgery. Here, the request in question does represent a first-time lumbar epidural steroid injection. The applicant does have ongoing complaints of low back pain radiating into the bilateral lower extremities, which has seemingly proven recalcitrant to at least two months of conservative treatment with time, medications, physical therapy, adjuvant medications such as Neurontin, and fairly protracted amounts of time off of work. A lumbar MRI of November 5, 2014 did demonstrate a small disk herniation at the L4-L5 level in question. Moving forward with a trial epidural injection is indicated, given the seeming failure of conservative measures. Therefore, the request is medically necessary.

Computed Tomography Guidance for Needle Placement: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.