MAXIMUS Federal Services

Case Number:	CM15-0000976		
Date Assigned:	01/12/2015	Date of Injury:	10/18/2006
Decision Date:	03/12/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old male, who sustained an industrial injury on October 18, 2006. The exact mechanism of the work related injury was not included in the documentation provided.The diagnoses have included lumbar spine disc herniation L4-L5 and L5-S1, degenerative disc disease C5-C6, and lumbar spinal stenosis. Treatment to date has included chiropractic care and medications. Currently, the IW complains of headache, joint pain, sleep disruption, abdominal pain, dizziness, depression, and nervousness, feeling worse, with ongoing back pain. The Primary Treating Physicians report dated September 9, 2014, noted a lumbar MRI dated August 8, 2014, as showing L4-L5 moderate degree of spinal stenosis with retrolisthesis of L4 and L5 with 5mm disk protrusion causing pressure over both S1 nerve roots, with disk dessication at L2-L3 and L3-L4 levels. The injured worker was noted to have an antalgic gait with a single point cane. Tenderness was noted in the right and left thoracolumbar spine paraspinals.On December 23, 2014, Utilization Review non-certified a lumbar facet injection, noting the guidelines do not recommend facet joint injections for treatment of low back disorders. The UR Physician noted that the examination provided was not legible, and there were no extenuating circumstances to exceed medical treatment guidelines. The MTUS, ACOEM Guidelines, Low Back Complaints, was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of a lumbar facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections section Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks.The medical records indicate that the injured worker has persisting low back pain and radicular symptoms with MRI showing at the L4-L5 level moderate degree of spinal stenosis with retrolisthesis of L4 on L5 with 5 mm disk protrusion causing pressure over both S1 nerve roots. The injured workers symptoms have failed to improve with conservative measures. The request for Lumbar Epidural Steroid Injection at the Right L4-L5 level is determined to be medically necessary.