

Case Number:	CM15-0009209		
Date Assigned:	01/27/2015	Date of Injury:	07/16/2002
Decision Date:	03/16/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/15/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 70 year old male, who sustained an industrial injury on 7/16/2002. He has reported neck, back and leg pain. The diagnoses have included cervical spine strain, lumbago, cervical degenerative disc disease (DDD), lumbar degenerative disc disease (DDD), cervical facet arthropathy and lumbar facet arthropathy. Treatment to date has included medications, physical therapy and cervical and lumbar epidural steroid injections. Currently, the IW complains of neck pain, low back and leg pain level rated 8/10 with sharp stabbing pain over right side. He continues to have increased neck pain with radiation to bilateral upper extremities and fingers. He states that the continued use of Norco up to 6 times a day allows him to carry on with activities of daily living (ADL's). The physical exam revealed decreased range of motion in the neck with pain in both directions. There is decreased range of motion in the torso due to pain and the back is tender. The right leg is weaker and bilateral hands have diminished sense to light touch. He ambulates with antalgic slow gait without a device. The x-rays of the lumbar spine dated 11/17/14 revealed disc space narrowing and degenerative changes right hip with joint space narrowing. He had a previous lumbar ESI in June 2013 which provided him with relief. On 1/12/15 Utilization Review non-certified a request for One (1) bilateral lumbar facet joint injection at the levels of L3-S1 with sedation and fluoroscopic guidance, noting the guidelines do not support performing facet blocks at more than 2 joint levels per session and the medical necessity is not substantiated. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral lumbar facet joint injection at the levels of L3-S1 with sedation and fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant had received previous lumbar injections. The request, therefore, for additional lumbar epidural steroid injections is not medically necessary.