

Case Number:	CM15-0108962		
Date Assigned:	06/15/2015	Date of Injury:	08/10/2013
Decision Date:	07/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: Emergency 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 41 year old female patient who sustained an industrial injury on 08/10/2013. The patient was employed as a costume designer. The patient noted while working doing laundry duty she hurt her lumbar back lifting laundry. A secondary treating office visit dated 11/21/2014 reported the patient with subjective complaint of having low back pain described as sharp, stabbing, burning, and constant that radiates to the right leg and associated with numbness. She has tried is and heat application, rest, and NSAIDs without relief from symptom. Objective findings showed paralumbar spasm is 2 plus tenderness to palpation, right. Atrophy is present in the quadriceps. Right resisted rotation is diminished and a straight leg raising is positive at 40 degrees on the right. She is diagnosed with low back pain. Current medications are Tramadol, Flexeril, Ambien, Motrin, recommendation for epidural injection, and to undergo a course of physical therapy. On 12/01/2014, the patient underwent a lumbar steroid epidural injection. Previous conservative treatment to include: ice/heat application, oral medications, physical therapy session, and epidural injections and modified work duty. Again, on 01/05/2015 the patient received a lumbar steroid injection. The treating diagnoses for January 2015 showed lumbar disc displacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-L3, L4-L5 Lumbar Facet Joint Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections); Pain (Chronic), Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested L2-L3, L4-L5 Lumbar Facet Joint Injections, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has low back pain described as sharp, stabbing, burning, and constant that radiates to the right leg and associated with numbness. She has tried is and heat application, rest, and NSAIDs without relief from symptom. Objective findings showed paralumbar spasm is 2 plus tenderness to palpation, right. Atrophy is present in the quadriceps. Right resisted rotation is diminished and a straight leg raising is positive at 40 degrees on the right. The treating physician has documented exam and diagnostic (electrodiagnostic) evidence of radiculopathy which is a negative criteria for facet injections. The criteria noted above not having been met, L2-L3, L4-L5 Lumbar Facet Joint Injections is not medically necessary.

Epidurography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections); Pain (Chronic), Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back -Lumbar & Thoracic (Acute & Chronic), Discography, Facet Injections.

Decision rationale: The requested Epidurography, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Discography, note is "Not recommended." The injured worker has low back pain described as sharp, stabbing, burning, and constant that radiates to the right leg and associated with numbness. She has tried is and heat application, rest, and NSAIDs without relief from symptom. Objective findings showed paralumbar spasm is 2 plus tenderness to palpation, right. Atrophy is present in

the quadriceps. Right resisted rotation is diminished and a straight leg raising is positive at 40 degrees on the right. The treating physician has documented exam and diagnostic (electrodiagnostic) evidence of radiculopathy which is a negative criteria for facet injections. The treating physician has not documented exam or diagnostic evidence that the injured worker is currently a surgical candidate for fusion, nor had a current psychological evaluation. The criteria noted above not having been met, Epidurography is not medically necessary.

Monitored Anesthesia Care: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back -Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Monitored Anesthesia Care, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non- radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has low back pain described as sharp, stabbing, burning, and constant that radiates to the right leg and associated with numbness. She has tried is and heat application, rest, and NSAIDs without relief from symptom. Objective findings showed paralumbar spasm is 2 plus tenderness to palpation, right. Atrophy is present in the quadriceps. Right resisted rotation is diminished and a straight leg raising is positive at 40 degrees on the right. The treating physician has documented exam and diagnostic (electrodiagnostic) evidence of radiculopathy which is a negative criteria for facet injections. Without established medical necessity for a surgical procedure, the treating physician has not documented the medical necessity for anesthesia. The criteria noted above not having been met, Monitored Anesthesia Care is not medically necessary.