

Case Number:	CM15-0142471		
Date Assigned:	08/03/2015	Date of Injury:	01/05/2005
Decision Date:	10/14/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/22/2015

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 64 year old male, who sustained an industrial injury on 1-5-2005. He reported injuries to the neck and back from slipping and falling down approximately seven steps. Diagnoses include neck sprain-strain and lumbar sprain-strain, cervical and lumbar degenerative disc disease, radiculopathy, lumbar facet arthropathy, cervical myofascial pain. Treatments to date include activity modification, back brace, medication therapy, physical therapy, and acupuncture treatments. Currently, he complained of ongoing neck and back pain rated 8 out of 10 VAS. Current medication included Anaprox. On 6-12-15, the physical examination documented no clinical findings. Previous evaluation dated 5-19-15, documented cervical and lumbar spine tenderness, muscle spasms, and decreased range of motion. The assessment included lumbar radiculopathy to left lower extremity. The records included a lumbar MRI dated 5-18-15 significant for multilevel disc protrusion, stenosis, and neural foraminal narrowing. The plan of care included medication management and lumbar and facet injections. The appeal requested authorization for a lumbar epidural steroid injection to L5-S1 and bilateral facet injections at L4-L5 and L5-S1. The Utilization Review dated 7-9-15, denied the requests indicating that the medical records submitted did not support that the California MTUS Guidelines for medical necessity had been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The MTUS Guidelines are very specific with it recommended standards to justify epidural injections. These standards include the presence of a clear dermatomal radiculopathy that corresponds to MRI or Electrodiagnostic testing. There is MRI findings consistent with a possible radiculopathy, however at this point in time the clinical exam is not consistent with this. No recent exam documented an S1 radiculopathy and prior exams note normal muscle strength and possible L5 diminished sensation. Under the circumstances, the Lumbar epidural steroid injection at L5-S1 is not supported by Guidelines and is not medically necessary.

Bilateral facet injections at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Facet signs and symptoms/facet injections.

Decision rationale: MTUS Guidelines do not adequately address this issue. ODG Guidelines directly address this issue and the Guidelines state that there should be specific clinical findings to support facet interventions. The clinical findings are not adequately documented to meet the standards. In addition, the Guidelines do not support facet injections when a radiculopathy is present and the request for an epidural implies the treating physician thinks a radiculopathy is present even though the documentation of exam findings is inadequate at this point in time. The request does not differentiate what type of injection is being recommended i.e. intra-articular or nerve block. At this point in time, the request for Bilateral facet injections at L4-L5 and L5-S1 is not supported by Guidelines and is not medically necessary.