

Case Number:	CM15-0185279		
Date Assigned:	09/25/2015	Date of Injury:	02/04/2010
Decision Date:	12/14/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 66 year old female, who sustained an industrial injury on 2-4-10. The injured worker is being treated for L2-3, L4-5 facet hypertrophy, foramen narrow radiculopathy along left L5 dermatome with motor sensory changes. (MRI) magnetic resonance imaging of lumbar spine performed on 5-20-15 was noted; however there is no documentation to support the test. Treatment to date is unclear. On 8-13-15, the injured worker complains of lumbosacral spine pain with no improvement since previous visit. Physical exam performed on 8-13-15 revealed decreased lumbar range of motion, motor weakness along left L5 dermatome and decreased sensation along left L5 dermatome. On 8-19-15 a request for authorization was submitted for L4-S1 epidural steroid foraminal injection, urinalysis, post op Ultracet 37.5-325mg #60 and post op physical therapy 9 sessions. On 8-25-15 a request for L4-S1 epidural steroid foraminal injections, urinalysis, post op Ultracet 37.5-325mg #60 and physical therapy 3 times a week for 3 weeks were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 ESFI times one (1) only/facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Spine, Facet Joint Diagnostic Blocks (Injections).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Facet Joint Diagnostic Blocks.

Decision rationale: MTUS 2009 states that epidural steroid injections should only be done for individuals with radicular symptoms and corresponding anatomic findings. According to the medical records, there's discordance between the clinical exam findings and the imaging studies. Therefore this request for multi level of the destroyed and [REDACTED] does not adhere to MTS 2009 and is not medically necessary. ODG recommends against facet joint diagnostic blocks in the presence of radicular symptoms. This patient reportedly has a radiculopathy. However it is not clear that he has a multilevel radiculopathy based upon the imaging studies and clinical findings. Furthermore ODG recommends against facet joint radiofrequency ablations since there is no evidence that they consistently work well. There is no explanation in the medical records as to why facet joint blocks would be helpful in the care of this patient when radiofrequency ablations are ineffective. This request for multilevel epidural steroid injections and facet joint diagnostic block are not medically necessary.

Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: MTUS 2009 recommends testing for drugs in urine when illicit drug use is suspected. This is a request for a postoperative urinalysis. The surgery has not been recommended for approval. There is no evidence of kidney disease or urinary bladder dysfunction. The need for a urinalysis is not medically necessary.

Post-op Ultracet 37.5/325mg 1-2 PO q 4-6h PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for osteoarthritis.

Decision rationale: MTUS 2009 states that opioids such as Tramadol should only be used for severe pain. Post-operative pain qualifies as severe pain but the patient is not scheduled for surgery and therefore this request for post-operative pain medication is not medically necessary.

Post-op physical therapy, nine (9) sessions (3x3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: MTUS 2009 states that up to 20 sessions of PT are an option after a lumbar discectomy. This request is appropriate if surgery were scheduled but since surgery is not scheduled, this request for PT is not medically necessary.