

Case Number:	CM15-0195672		
Date Assigned:	10/09/2015	Date of Injury:	06/24/2015
Decision Date:	11/23/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, Illinois

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:

Disclaimer: Most of the medical reports were in illegible handwriting. The 31 year old male injured worker suffered an industrial injury on 6-24-2015. The diagnoses included L5 S1 disc herniation with S1 radiculopathy, lumbar S1 radiculopathy, facet joint degenerative disc disease and bilateral sacroiliac joint arthropathy. On 9-16-2015 the treating provider reported pain in the low back that spread to the bilateral lower extremities posteriorly. On exam the axial load test and pelvic rock test were positive. There was numbness and decreased sensation in bilateral S1 dermatome. There was positive straight leg raise. The pain at that visit was 9 out of 10. He feels the pain was getting worse and was not able to sit for more than 5 minutes and not able to stand for more than 5 to 10 minutes. The lumbar spine was tender in the bilateral L4 joints and facets along with tenderness in the bilateral sacroiliac joints. Reflexes were decreased 1-4 bilaterally especially in the Achilles. Prior treatment included 8 session of physical therapy, Neurontin, Baclofen and Ibuprofen. Diagnostics included lumbar magnetic resonance imaging that revealed L3-4 and L4-5 left foraminal disc protrusion and L4 disc protrusion had an annular tear that abuts the ventral thecal sac and transversing S1 nerves. Request for Authorization date was 9-16-2015. The Utilization Review on 10-1-2015 determined non-certification for One Outpatient Surgical L1-2, L5-S1 Intralaminar Epidural Steroid Injection, L5-S1 Facet Injections, and Bilateral S1 Joint Injections and Outpatient Preoperative Medical Clearance Consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Outpatient Surgical L1-2, L5-S1 Intralaminar Epidural Steroid Injection, L5-S1 Facet Injections, and Bilateral S1 Joint Injections: Upheld

Claims Administrator 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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): 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).

Decision rationale: The injured worker sustained a work related injury on 6-24-2015. The medical records provided indicate the diagnosis of L5 S1 disc herniation with S1 radiculopathy, lumbar S1 radiculopathy, facet joint degenerative disc disease and bilateral sacroiliac joint arthropathy. Treatments have included 8 session of physical therapy, Neurontin, Baclofen and Ibuprofen. The medical records provided for review do not indicate a medical necessity for One Outpatient Surgical L1-2, L5-S1 Intralaminar Epidural Steroid Injection, L5-S1 Facet Injections, and Bilateral S1 Joint Injections. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The MTUS does not recommend facet injections; the Official Disability Guidelines limits facet injections to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. Therefore, facet injection is not medically necessary because the injured worker's pain is described as radicular in nature. Also, the other injections are not medically necessary because this is a concurrent request for both epidural steroid injections and facet injections.

Outpatient Preoperative Medical Clearance Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)Facet joint diagnostic blocks (injections).

Decision rationale: The injured worker sustained a work related injury on 6-24-2015. The medical records provided indicate the diagnosis of L5 S1 disc herniation with S1 radiculopathy, lumbar S1 radiculopathy, facet joint degenerative disc disease and bilateral sacroiliac joint arthropathy. Treatments have included 8 session of physical therapy, Neurontin, Baclofen and Ibuprofen. The medical records provided for review do not indicate a medical necessity for Outpatient Preoperative Medical Clearance Consult. The facet injection is not medically necessary.