

Case Number:	CM15-0207974		
Date Assigned:	10/26/2015	Date of Injury:	01/18/2014
Decision Date:	12/15/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/22/2015

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: New York, West Virginia, Pennsylvania
 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 34 year old male, who sustained an industrial injury on 1-18-14. Medical records indicate that the injured worker is undergoing treatment for a cervical herniation, cervical radiculopathy, sacroiliac joint radiculopathy, chronic neck and low back pain, bilateral sacroiliac joint arthropathy and bilateral lumbar four to sacral one arthropathy. The injured worker is currently working with restrictions. On (8-21-15) the injured worker complained of neck pain which radiated to the right upper extremity rated 7 out of 10 on the visual analog scale most days. The injured worker also noted low back pain rated 4 out of 10 on good days. The low back pain increased with prolonged sitting, standing and walking for more than 20 minutes. The injured worker also noted difficulty sleeping due to the pain. Examination of the lumbar spine revealed bilateral spinous and paraspinous tenderness from lumbar three-sacral one. Bilateral sacroiliac joint and bilateral lumbar four-sacral one stretch tests were positive. Range of motion was decreased. The injured worker had a positive straight leg raise test bilaterally to about 5 degrees and decreased Achilles reflex to 1-4. Treatment and evaluation to date has included medications, MRI of the lumbar spine (4-23-15), MRI of the cervical spine and failed physical therapy in 2011. The MRI of the lumbar spine (4-23-15) revealed lumbar five-sacral disc protrusions with mild to moderate left lateral spinal and neuroforaminal stenosis. Current medications include Tramadol, Neurontin, Flexeril and topical creams. The current treatment request is for a facet injection at bilateral sacral one, joint injection at bilateral lumbar four-sacral one and pre-operative clearance. The Utilization Review documentation dated 10-6-15 non-certified the requests for a facet injection at bilateral sacral one, joint injection at bilateral lumbar four-sacral one and pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection at bilateral S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Facet Injection.

Decision rationale: Guidelines do not support facet joint injections as they are of questionable merit and provide no long-term functional benefit or reduce the need for surgery. However, one diagnostic facet joint injection may be recommended for patients with chronic low back pain that is exacerbated by extension and rotation and not alleviated with conservative treatments. If the initial block produces relief of at least 50-70% for at least 6-8 weeks, additional blocks may be supported. In this case, there is evidence of radiculopathy on exam and MRI. The request for bilateral S1 injection is not medically necessary.

Joint injection at bilateral L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Joint Injection.

Decision rationale: Guidelines do not support joint injections as they are of questionable merit and provide no long-term functional benefit or reduce the need for surgery. However, one diagnostic facet joint injection may be recommended for patients with chronic low back pain that is exacerbated by extension and rotation and not alleviated with conservative treatments. If the initial block produces relief of at least 50-70% for at least 6-8 weeks, additional blocks may be supported. In this case, there is evidence of radiculopathy on exam and MRI. The request for bilateral L4-S1 injection is not medically necessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & chronic) - Pre-op EKG and Lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pre-op testing.

Decision rationale: Guidelines state that pre-op testing can be helpful to stratify risk, direct anesthetic choices and guide postoperative management. The order should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, the patient is a young 34 year old patient without comorbidities. Pre-op medical clearance is not medically necessary.