

Case Number:	CM15-0208887		
Date Assigned:	10/27/2015	Date of Injury:	05/20/2008
Decision Date:	12/15/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/23/2015

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 (age not given) male, who sustained an industrial injury on 5-20-2008. Medical records indicate the worker is undergoing treatment for lumbar 5-sacral 1 disc herniation with left lower extremity sciatica, lumbar internal derangement and disc prolapse at lumbar 5-sacral 1. A recent progress report dated 9-29-2015, reported the injured worker complained of increasing low back pain and left lower extremity radicular pain. Physical examination revealed lumbosacral and left sciatic notch tenderness, symptoms consistent with lumbar radiculopathy and painful and limited lumbar range of motion. Lumbar magnetic resonance imaging showed a 3-4mm broad disc protrusion in the lumbar 4-5 and lumbar 5-sacral 1 level. Treatment to date has included an intrarticular facet injection that provided 3 months of relief, physical therapy and medication management. On 10-1-2015, the Request for Authorization requested Left lumbar 5-sacral 1 transforaminal epidural steroid injection x1, Bilateral lumbar 5-sacral 1 intra articular facet injections x2 (right and left side) and Fluoroscopic guidance and IV sedation x1. On 10-7-2015, the Utilization Review noncertified the request for Left lumbar 5-sacral 1 transforaminal epidural steroid injection x1, Bilateral lumbar 5-sacral 1 intra articular facet injections x2 (right and left side) and Fluoroscopic guidance and IV sedation x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5, S1 transforaminal epidural steroid injection x1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

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

Decision rationale: Guidelines recommend epidural injections as an option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The decision to perform repeat epidural steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. In this case, there is no documentation of percentage of functional improvement. The request for right L5-S1 lumbar epidural steroid injection is not medically appropriate and necessary.

Bilateral L5-S1 intra articular facet injections x2 (right and left side): 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) Facet joint injections.

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, it is not specified whether the facet injection is for therapeutic or diagnostic blocks. In addition the signs of facet joint pathology are not documented the documentation does not report the percentage of improvement. The request for bilateral lumbar facet joint injection L5-S1 is not medically appropriate and necessary.

Associated service: Fluoroscopic guidance and IV sedation x1: 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) Pain (Chronic) chapter (last updated 10/5/15) Regarding sedation.

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

Decision rationale: As the medical necessity of left %, S1 transforaminal epidural steroid injection and bilateral L5-S1 intraarticular facet injections is not established. Therefore, the medical necessity of fluoroscopic guidance and IV sedation is not medically appropriate and necessary.