

Case Number:	CM15-0075430		
Date Assigned:	04/27/2015	Date of Injury:	11/11/2010
Decision Date:	10/05/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/21/2015

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

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 59-year-old male who sustained an industrial injury on 11/11/2010. Current diagnoses include lumbago and sciatica. Previous treatments included medication management, injections, and chiropractic. Previous diagnostic studies include a discogram, EMG/NCS; x-rays. Initial complaints included severe pain in the lumbar spine after feeling a pop. Report dated 12/17/2014 noted that the injured worker presented with complaints that included chronic low back pain and bilateral radicular pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included a referral for an intrathecal injection. Disputed treatments include intrathecal injection lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal injection lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Functional Improvement Page(s): 8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [REDACTED] Policy Number 0016, [REDACTED] Policy Number 0733.

Decision rationale: Based on the 12/17/14 progress report provided by treating physician, the patient presents with low back with bilateral radicular pain. The request is for intrathecal injection lumbar. Patient has a diagnosis of lumbago and sciatica on 12/17/14. Physical examination on 12/17/14 revealed decreased range of motion secondary to pain and mildly positive bilateral straight leg raise test. Treatment to date has included imaging and electrodiagnostic studies and home exercise program. The patient has undergone L5-S1 functional anesthetic discogram on 09/05/13. The patient is prescribed Norco, per 04/07/15 report. Per 07/30/14 report, the patient "is currently receiving Social Security Disability," and "it does not seem likely that [the patient] will be able to return to his prior occupation." MTUS, ACOEM and ODG are silent regarding the requested procedure. Alternate guidelines were referenced. [REDACTED] Policy Number 0016 states: "[REDACTED] considers any of the following injections or procedures experimental and investigational: Intradiscal, paravertebral, or epidural oxygen or ozone injections; Intradiscal steroid injections; [REDACTED] Policy Number 0733 states: "[REDACTED] considers functional anesthetic discography (involving injection of anesthetic directly into the disc) experimental and investigational because there is insufficient evidence to support its clinical utility." Per RFA dated 01/29/14, treater requests "Intradiscal L5-S1" for the diagnosis of lumbago and lumbosacral disc degeneration. Per RFA dated 01/22/15, treater requests "Intrathecal Injection" for the diagnosis of lumbago. Per 04/07/15 report, treater states, "the patient continues with low back pain and right radiculopathy. He has been to [REDACTED] for an intradiscal injection, this has been denied. [The patient] wants to have an intradiscal injection of fibrin by [REDACTED] in [REDACTED], [REDACTED]. He wishes me to refer him there. He has done extensive research on his own and he feels this is the appropriate procedure for him. I did refer [the patient] for an intradiscal injection because he stated this had helped him quite a bit and I hope he proceeds to re-look into this. As to the referral to [REDACTED], I declined to make this referral, as I know nothing about this procedure. My understanding is that the procedure is not FDA approved. I explained [to the patient] that I could not refer him for something that I am not in a position to evaluate his condition and to judge whether or not this would be an advantageous procedure to have." The requesting physician feels uncomfortable with the request made by patient due to unknown nature of procedure. In this case, it appears the patient has been treated with investigational and experimental treatments, for which guidelines still do not provide support. Given lack of guideline support for intradiscal and intrathecal injections, this request cannot be warranted. Therefore, the request is not medically necessary.