

Case Number:	CM15-0080004		
Date Assigned:	05/01/2015	Date of Injury:	06/27/2003
Decision Date:	06/08/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old male, who sustained an industrial injury on 6/27/2003. Diagnoses include lumbar disc herniation presumably L5-S1, status post discectomy (2004) and fusion (undated). Treatment to date has included diagnostics, surgical intervention, medication, TENS unit, and acupuncture. Per the Primary Treating Physician's Progress Report dated 4/01/2015, the injured worker reported low back pain and lower extremity pain. Physical examination revealed restricted back motion, restricted right hip motion and mild external rotation deformity of the right hip. The plan of care included diagnostics, injections and consultations. Authorization was requested for L3-4 facet block injection, discography at L3-4 and specialist consultation regarding the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 Facet Block Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301 & 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for low back pain. Prior treatments have included lumbar spine surgery with a fusion from L4 to S1. When seen, the claimant was having low back pain radiating into the right greater than left lower extremity with numbness. He had decreased and painful right hip range of motion. Physical examination findings also included decreased and painful lumbar spine range of motion increased with both flexion and extension. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has radicular symptoms affecting the lower extremities without physical examination findings such as facet tenderness or positive facet loading maneuvers that support a diagnosis of facet mediated pain. Therefore, the requested facet injection procedure was not medically necessary.

Consultation and Treat for the Right Hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for low back pain. Prior treatments have included lumbar spine surgery with a fusion from L4 to S1. When seen, the claimant was having low back pain radiating into the right greater than left lower extremity with numbness.. He had decreased and painful right hip range of motion. Physical examination findings also included decreased and painful lumbar spine range of motion increased with both flexion and extension. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has findings consistent with possible right hip pathology as contributing to his condition and has previously had a lumbar spine fusion including the sacrum. Therefore requesting an orthopedic evaluation was medically necessary.

Discography at L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic), Discography.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for low back pain. Prior treatments have included lumbar spine surgery with a fusion from L4 to S1. When seen, the claimant was having low back pain radiating into the right greater than left lower extremity with numbness. He had decreased and painful right hip range of motion. Physical examination findings also included decreased and painful lumbar spine range of motion increased with both flexion and extension. Discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. The technique of discography is not standardized and there is no universally accepted definition of what constitutes a concordant painful response. There is no published intra rater or inter-rater reliability studies on discography. The conclusions of recent, high quality studies on discography have suggested that reproduction of the patient's specific back complaints on injection of one or more discs is of limited diagnostic value and have not been shown to consistently correlate well with MRI findings. Guidelines recommend against performing discography in patients with acute, subacute or chronic low back pain or radicular pain syndromes. This request was therefore not medically necessary.