

Case Number:	CM14-0096668		
Date Assigned:	07/23/2014	Date of Injury:	03/08/2013
Decision Date:	09/03/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year-old male who was reportedly injured on March 8, 2013. The mechanism of injury is noted as a fall relative to lower extremity weakness. The most recent progress note dated March 25, 2014, indicates that there are ongoing complaints of headaches, dizziness, blurred vision, difficulty with balance, low back pain and difficulty walking. The physical examination demonstrated tenderness to palpation of lumbar spine, a decreased range of motion and a reportedly "unsteady gait." Diagnostic imaging studies were not presented for review. Previous treatment includes conservative care, multiple medications, multiple imaging studies, and injection therapies. A request was made for bilateral facet injections of the cervical spine, lumbar medial branch blocks and an orthotic brace for the lumbar spine and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C6-7 transfacet epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 46 of 127 Page(s): 46.

Decision rationale: When noting the date of injury, the injury sustained, the clinical evaluation completed and reported, tempered by the parameters outlined in the California Medical Treatment Utilization Schedule, there is a provision for epidural steroid injections when radiculopathy is documented. Elected diagnostic assessment specifically noted to be normal study. As such, there is no competent, objective and independently confirmable medical evidence presented to support the medical necessity of an epidural steroid injection of the cervical spine. Therefore, this request is not medically necessary.

Bilateral L4-L5 medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 102/107.

Decision rationale: As outlined in the guidelines, there is good quality medical literature supporting the efficacy of such a neurotomy of facet nerves. However, there is no clinical data either on imaging study or on examination to support that the facet joints are the pain generators. As such, based on this limited clinical ration there is insufficient data presented to support this request. This is not medically necessary.

Lumbosacral orthotic brace (LSO) for home use.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Lumbar sacral orthotic brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: It is noted that treatment guidelines do not support the use of lumbar braces or any other type of devices is easily can exacerbate the clinical condition. There are a few exceptions (spondylolisthesis, documented instability, postoperative treatment) and none these are noted to occurred in this clinical situation. Therefore, based on this lack of clinical evidence presented the request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Urine Drug Screens.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78.

Decision rationale: Urine drug screening can be supported in the California Medical Treatment Utilization Schedule if there is an indication of abuse , illicit drug use, drug diversion, or dependence. None of these criterion were noted in the progress of presented for review. As such, based on the information presented there is insufficient data to support this request. Therefore, the request is not medically necessary.