

Case Number:	CM15-0099630		
Date Assigned:	06/02/2015	Date of Injury:	12/03/2013
Decision Date:	07/07/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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: California
 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 55-year-old male, who sustained an industrial injury on 12/3/13. The injured worker was diagnosed as having low back pain, left lower extremity paresthesias, lumbar facet disease/facet fracture, neck pain, left hip pain, left knee pain and chronic pain syndrome. Treatment to date has included oral medications including opioids, aquatic therapy and activity restrictions. (CT) computerized tomography scan of low back showed multilevel degenerative dis disease, L5 left foraminal stenosis and severe right L4-5 facet degenerative disease; (CT) computerized tomography scan of the left hip revealed bilateral acetabular rim osteophytic spurring and acetabular labrum is largely replaced by spurring on the left and also abnormalities in the left anterior femoral head, neck junction with possible fibrocystic lesion versus geode. Currently, the injured worker complains of continued low back pain and neck pain. He rates the pain as 5-6/10 without medications and 2-3/10 with medications. He is currently not working. Physical exam noted tenderness over the lumbar paraspinals with increased pain with range of motion. The treatment plan included a request for lumbar facet steroid injection L4-5 and L5-S1 on left.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left L4-L5 and L5-S1 lumbar steroid injection with conscious sedation and fluoroscopic guidance: 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

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

Decision rationale: The requested 1 left L4-L5 and L5-S1 lumbar steroid injection with conscious sedation and fluoroscopic guidance, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has low back pain and neck pain. He rates the pain as 5-6/10 without medications and 2-3/10 with medications. He is currently not working. Physical exam noted tenderness over the lumbar paraspinals with increased pain with range of motion. The treating physician has not documented the medical necessity for sedation, nor has documented the intended follow-up radio-frequency ablation if positive. The criteria noted above not having been met, 1 left L4-L5 and L5-S1 lumbar steroid injection with conscious sedation and fluoroscopic guidance is not medically necessary.