

Case Number:	CM13-0000713		
Date Assigned:	03/07/2014	Date of Injury:	02/14/2013
Decision Date:	04/11/2014	UR Denial Date:	05/24/2013
Priority:	Standard	Application Received:	06/17/2013

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, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a patient with a date of injury of 2/14/13. A utilization review determination dated 4/29/13 recommended non-certification of facet injections and transforaminal ESIs. 4/15/13 MRI identified a broad-based disc bulge and moderate to severe facet hypertrophy causing mild to moderate central canal narrowing and mild left foraminal narrowing at L4-5. At L5-S1, there was no foraminal or central canal narrowing. 4/15/13 medical report identified difficulty standing and he will get increased back pain and right thigh numbness. There is pain across the back and tenderness over the facets. Lumbar extension bothers him.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5, L5-S1 FACET INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Regarding the request for bilateral L4-5, L5-S1 facet injections, California MTUS cites that "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." ODG notes that the results of placebo-controlled trials

of neurotomy found better predictive effect with diagnostic medial branch blocks rather than intraarticular facet joint injections. Within the documentation available for review, there is no clear rationale for the use of intraarticular injections rather than medial branch blocks for the diagnosis of facet joint pain, as the former have been shown to better predict a successful outcome with neurotomy, and even in the case of successful intraarticular injections, medial branch blocks would still be required prior to progressing to neurotomy for more definitive treatment. In light of the above issues, the currently requested bilateral L4-5, L5-S1 facet injections is not medically necessary.

TRANSFORAMINAL EPIDURAL STEROID INJECTION RIGHT L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: Regarding the request for transforaminal epidural steroid injection right L4, L5, CA MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Within the documentation available for review, there are no subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested transforaminal epidural steroid injection right L4, L5 is not medically necessary.