

Case Number:	CM13-0014182		
Date Assigned:	10/11/2013	Date of Injury:	02/15/2012
Decision Date:	09/16/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/28/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 67 year old female with a 2/15/12 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 7/15/2013 noted subjective complaints of 7/10 lower back pain traveling to her left leg, described as aching. The patient also complains of numbness and tingling. Objective findings noted tenderness and decreased range of motion at the lumbosacral spine. There was decreased sensation along the L2, L3, L4, L5, and S1 dermatomes on the left. There was motor deficit noted along L2, L3, L4, L5, and S1 myotomes bilaterally. On 7/15/13 patient also underwent diagnostic ESI at L3-L4 and L4-L5 and lumbar facet joint block of the medial branch at L2-L3, L3-L4, and L4-L5 bilaterally. It was noted that chiropractic therapy and acupuncture have not been beneficial. A 7/24/13 progress report noted that the patient experienced a reduction in pain that began 3 days after the procedure. She reports a pain reduction from 7-8 to 5 on a scale of 0 to 10. It helped to restore ability to function of the lower back. It reduced the leg pain by half. A lumbar MRI dated 3/22/13 noted L3-L4 and L4-L5 disc bulges as well as bilateral neural foraminal as well as spinal canal narrowing. Diagnostic Impression: Lumbar radiculopathy, lumbar facet joint syndrome. Treatment to Date: physical therapy, chiropractic treatment, acupuncture, medication management. A UR decision dated 8/2/13 denied the request for Lumbar facet joint block L2-L3, L3-L4, L4-L5. It also denied a request for 2nd diagnostic lumbar epidural steroid injection at L3-L4 and L4-L5. On the provided documents available for review, there is no provided rationale for the denials.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET JOINT BLOCK L2-3, L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee>, Low Back Chapter.

Decision rationale: The California MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. However, the patient has clearly documented findings of dermatomal/myotomal deficits suggestive of radiculopathy. There is clear documentation of lumbar facet tenderness. Furthermore, the requested treatment is at 3 joint levels, which is more than the recommended 2 level maximum in one session. Therefore, the request for lumbar facet joint block L2-L3, L3-L4, L4-L5 was not medically necessary.

2ND DIAGNOSTIC LUMBAR EPIDURAL STEROID INJECTION AT L3-L4 AND L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

Decision rationale: The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. California MTUS also notes that in the diagnostic phase, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. The patient does have clear objective radiculopathy. There are dermatomal sensory deficits and myotomal motor deficits documented in addition to a lumbar MRI with evidence of foraminal narrowing as well as spinal canal narrowing. In the diagnostic phase a second ESI may be performed if there is response to the first. This improvement was also documented with markedly decreased leg and back pain as well as improved functional ability. Therefore the request for 2nd diagnostic lumbar steroid injection at L3-L4 and L4-L5 was medically necessary.

