MAXIMUS Federal Services

Case Number:	CM13-0020827		
Date Assigned:	10/11/2013	Date of Injury:	03/12/2011
Decision Date:	04/21/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/06/2013

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 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 patient sustained an injury on 3/12/11 while employed by the [redacted]. Report of 8/9/13 from the provider noted patient with ongoing neck pain rated at 4/10 which radiates to the left upper extremity; low back pain rated at 6/10 is described as sharp/stabbing; there is report of sexual dysfunction, anxiety limited by pain. The patient underwent a diagnostic lumbar epidural steroid injection on 7/29/13 and reported reduction in pain from 8/10 to 3/10 lasting 2 days. Exam of the lumbar spine noted positive bilateral Bechterew's, Valsalva, and Kemps/facet and heel walk at L5; positive toe walk S1 on right; positive SLR bilaterally; diminished ankle reflexes; motor deficit in bilateral lower extremities at L2-S1 s/p LESI at L3-4, L4-5, and L5-S1 and lumbar facet medial branch blocks at L3-4, L4-5 and L5-S1 bilaterally with adequate response. The provider noted the patient has non-radicular back pain with failed care. If repeat facets are successful, the provider will proceed with rhizotomy

IMR ISSUES, DECISIONS AND RATIONALES

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

second diagnostic Lumbar Epidural Steroid Injection (LESI) at disc levels L3-L4, L4-L5 and L5-S1: 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 Page(s): 46.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The patient is reported to have pain relief within 5 days with pain decreased from 8/10 to 3/10; however lasting only 2 days. Submitted reports have not demonstrated any functional improvement derived from the LESI in terms of medication decrease, improve performance in ADL, increased work status, and decrease in medical utilization. Criteria to repeat the LESI have not been met or established. The second diagnostic lumbar epidural steroid injection at disc levels L3-L4, L4-L5 and L5-S1 is not medically necessary and appropriate.

Lumbar Facet Joint Block at the medial branch levels L3-L4, L4-L5 and L5-S1 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary (updated 5/10/13)-Criteria for the use of diagnostic blocks for Facet "mediated" pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: ODG Guidelines indicate that facet blocks are not recommended except as a diagnostic tool for 2 maximum vertebral levels as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy; however, the patient underwent 3 level bilateral medial branch blocks with only 2 days pain relief without specific clinical or functional improvement. Additionally, facet blocks are not recommended in patient who may exhibit radicular symptoms as in this injured worker with leg pain complaints with positive Straight Leg Raises and neurological deficits in the lower extremities on exam without clear facet signs or imaging correlation. Submitted reports have not demonstrated support outside guidelines criteria. The lumbar facet joint block at the medial branch levels L3-L4, L4-L5 and L5-S1 bilaterally is not medically necessary and appropriate.

clearance from an internal medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary (updated 5/10/13): Internal Medicine Specialist - Pre-operative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: As #1 and #2 requests are not medically necessary and appropriate, #3 request for internal medicine clearance is also not medically necessary and appropriate.