

Case Number:	CM13-0025046		
Date Assigned:	11/20/2013	Date of Injury:	04/11/2013
Decision Date:	01/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 patient is a 56 year old male who reported an injury on 08/09/2013, after working as a limousine driver for approximately 12 years. The patient has reported an increase in low back pain, with neck and headache symptoms, which began in the 04/2013 to 05/2013 time frame. The patient has undergone several forms of conservative treatment to include chiropractic care, physical therapy, and acupuncture. The patient has had ongoing low back and lower extremity pain for the past 6 months, and was diagnosed with cervicalgia and lumbago. The patient also underwent an MRI of the lumbar spine, as well as the thoracic spine, on 10/25/2013. The imaging studies revealed that the patient has an essentially normal examination of the thoracic spine, but he does have a 2 mm retrolisthesis and bulging of the annulus without central or S1 lateral recess stenosis, or neural foraminal stenosis. The remainder of the lumbar disc space shows no focal herniations or significant bulges of the annuli. The physician is now requesting a lumbar facet joint block unspecified, as well as a lumbar epidural steroid injection

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar facet joint blocks at an unspecified level: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks Page(s): 103.

Decision rationale: Regarding the first request for a lumbar facet joint block unspecified levels, according to the California MTUS Guidelines, for regional sympathetic blocks; the recommendations are generally limited to diagnosis and therapy for CRPS. For lumbar sympathetic blocks, there is little evidence to support this procedure with most studies reported being case studies. Facet blocks can be used as a diagnostic tool and as a therapeutic treatment for regional pain syndrome, which may be beneficial in reducing the patient's pain. However, due to the physician not indicating the levels at which the injections were meant to be given, the requested service cannot be warranted at this time as guidelines do not recommend treating more than two levels in one session. The request is unclear how many injection sites are being requested. As such, the requested service is non-certified.

Lumbar ESI: Upheld

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

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

Decision rationale: Regarding the lumbar ESI, according to the California MTUS Guidelines, ESI is recommended as an option for treatment of radicular pain as defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The patient has been diagnosed as having an L5-S1 disc bulge, as well as retrolisthesis, and has noted that he is describing numbness and tingling that goes in his leg. However, although an epidural steroid injection can offer short-term pain relief, the physician failed to request the levels at which the ESI is to be given. In order to determine if the request would exceed maximum allowance for ESI, the levels at which are intended to be injected need to be stated in the request. Therefore, at this time, an epidural steroid injection cannot be considered warranted for this patient. As such, the requested service is non-certified