

Case Number:	CM13-0025087		
Date Assigned:	11/20/2013	Date of Injury:	02/25/2013
Decision Date:	01/16/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 44 year old male who reported an injury on 02/25/2013. The mechanism of injury was lifting. He subsequently had lumbar pain with radicular symptoms found in the L3, L4, L5, and S1 dermatomes. The patient participated in a course of physical therapy, acupuncture, medications, TENS unit, MRI, and chiropractic. There were no objective findings to the efficacy of these procedures included in the medical records, nor was there evidence of an EMG/NCV being done. The patient received a diagnostic epidural steroid injection on August 5, 2013 at the bilateral L3, L4, L5, and S1 levels. The patient reported a decrease in immediate pain level from 6-7/10 to 5/10, however, there is no ongoing documentation of pain relief. On this same date the operative report states that a medial branch block was done at L3-4, L4-5, and L5-S1 levels.

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 (ESI): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option to alleviate radicular symptoms. The criteria that must be met to receive an ESI include radicular symptoms that are corroborated by MRI or electrodiagnostic studies; failed conservative care; maximum two nerve root levels are to be injected at any time; and repeat blocks are to be done only if the patient received at least 50% pain relief. The records provided for review included an MRI noting disc bulges at L3-4 of 1- mm, L4-5 of 2mm, and L5-S1 of 2-3mm, but there is no evidence that an EMG/NCV was done. Furthermore, the patient already received initial diagnostic epidural steroid injections that were done at the nerve root levels bilaterally of L3, L4, L5, and S1, and the current request is for 3 levels. These exceed recommended guidelines. There was also documentation of only a 20% decrease in pain levels, below the recommended 50% for a repeat injection. The request for a second ESI is not medically necessary and appropriate.

lumbar facet joint medial branch blocks on L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

Decision rationale: The California MTUS and ACOEM Guidelines did not specifically address the facet joint medial branch blocks, therefore, the ODG were supplemented. Guidelines recommend that facet joint medial branch blocks are not recommended except as a diagnostic tool. As per operative report dated 08/05/2013, bilateral medial branch blocks were already done to L3-4, L4-5, and L5-S1 with no documentation of results. In regard to repeat blocks, there must be documentation of at least 70% relief in pain lasting 2 or more hours as documented on a VAS scale. Also, these blocks are limited no more than 2 levels bilaterally. The request for facet joint medial branch blocks is not medically necessary and appropriate.

Preoperative internal medicine clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Psychological preoperative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.