

Case Number:	CM13-0025656		
Date Assigned:	11/20/2013	Date of Injury:	04/29/1999
Decision Date:	01/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/18/2013

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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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 68 year old male with injury from 4/29/99. The progress report dated 7/11/13 by [REDACTED] noted that the patient complained of severe low back pain that radiates to the right leg. Exam noted positive straight leg raise bilaterally. The patient's diagnoses include: degenerative lumbosacral disc; displacement lumbar disc without myelopathy; spinal stenosis lumbar without neurogenic claudication. The progress report dated 3/1/13 noted that the patient had undergone right L4-5 epidural steroid injection on 2/22/13 with a 60% reduction in pain. The progress report dated 3/28/13 noted that the patient had bilateral L4-5 selective nerve root blocks in 2011 which provided excellent relief until the fall of 2012. A lumbar MRI dated 2/5/13 showed moderate right sided foraminal narrowing at L5-S1 due to 5-6 mm lateral disc herniation. At L4-5, there is mild-to-moderate bilateral stenosis of the lateral recesses caused by 3 mm broad-based posterior disc bulging. A second lumbar right L4-5 epidural steroid injection was requested as well as right L4-L5 and L5-S1 lumbar facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The records indicate that the patient received greater than 50% relief from the 2/22/13 epidural steroid injection; however, there is a lack of documentation regarding the duration of pain relief. The Chronic Pain Medical Treatment Guidelines state that 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. Without documentation of at least 6 weeks of pain relief at 50% or greater, the requested repeat epidural steroid injection does not meet the guidelines. Therefore, the right L4-L5 epidural steroid injection is not medically necessary and appropriate

Right L4-L5 and L5-S1 lumbar facet injections: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301 and 309. Decision based on Non-MTUS Citation (ODG) - Facet injection, RF ablation, cervical and lumbar

Decision rationale: The ACOEM guidelines do not recommend facet joint injections. The Official Disability Guidelines state that lumbar facet joint blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The records indicate that the patient has radicular pain coming from the L4-5 and L5-S1 levels. The guidelines also do not support therapeutic facet intra-articular injections. The provider did not indicate that this injection is for diagnostic reasons. The requested right L4-L5 and L5-S1 lumbar facet injections are not medically necessary or appropriate.