MAXIMUS Federal Services

Case Number:	CM13-0026982		
Date Assigned:	12/18/2013	Date of Injury:	05/28/2013
Decision Date:	01/30/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/20/2013

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, has a subspecialty in Pain Medicine 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 50-year-old male who reported an injury on 05/28/2013. The injury was noted to have occurred while the patient was bending over looking under a vehicle. His symptoms include low back pain, somewhat more left-sided, but no leg symptoms. Objective findings include negative straight leg raise testing, normal sensation, normal motor strength, normal deep tendon reflexes, back pain with internal and external rotation, no tenderness over the SI joints, mild tenderness over the left sciatic notch, tenderness at the L5-S1 midline bilaterally, tenderness over the facet joints, and tightness in the lumbar extensor muscles. His diagnoses are listed as lumbar or lumbosacral disc degeneration, lumbosacral spondylosis, and lumbago. A recommendation was made for lumbar epidural steroid injections at bilateral L5, and bilateral S1 if needed, and bilateral L5-S1 facet joint injections. It was noted that [redacted] felt that to offer the patient the best chance to get back to work faster and get back to his exercise program, the facet and epidural injections were recommended. An MRI of the lumbar spine dated 08/08/2013 revealed advanced space narrowing and degenerative endplate changes at L5-S1, multilevel broad based bulging and disc osteophyte complex at L5-S1, mild to moderate narrowing of the neural canals at L5-S1, and no discrete disc herniation event.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 & if needed S1 transforaminal epidural steroid injection (ESI): Upheld

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

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

Decision rationale: The California MTUS Guidelines state that the criteria for the use of epidural steroid injections includes radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the patient needs to have been initially unresponsive to conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. The documentation submitted for review states that the patient's symptoms have been persistent despite physical therapy and anti-inflammatories. However, the patient's symptoms were noted to not include radicular symptoms and there were no objective findings consistent with radiculopathy noted. In the absence of radiculopathy, documented by physical examination, the request for an epidural steroid injection is not supported. As such, the request for bilateral L5 & if needed S1 transforaminal ESI is non-certified.

Bilateral L5-S1 facet joint injections: Overturned

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

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, Facet joint diagnostic blocks (injections)

Decision rationale: The Official Disability Guidelines state that facet joint blocks should be given to patients who meet the criteria and whose clinical presentation is consistent with facet joint pain, signs, and symptoms. The Guidelines list the facet joint pain signs and symptoms as tenderness to palpation in the paravertebral area over the facet region, normal sensory examination, absence of radicular findings, and normal straight leg raise exams. Additionally, patients need to have failed conservative treatment including home exercises, physical therapy, and NSAIDs, for at least 4 to 6 weeks prior to the procedure. The documentation submitted for review shows that the patient does have signs and symptoms consistent with facet joint pain. In addition, the patient has been shown to have failed conservative treatment for at least 4 to 6 weeks. Therefore, the patient does meet the criteria for facet joint diagnostic blocks. For this reason, the request for bilateral L5-S1 facet joint injections is certified.