

Case Number:	CM13-0027158		
Date Assigned:	03/14/2014	Date of Injury:	09/23/2010
Decision Date:	06/10/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/20/2013

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, 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 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:

request for lumbar epidural steroid injection (ESI) unspecified level, lumbar facet block at L4/5 and lumbar facet block at L5/S1 based on the MTUS and Official Disability Guidelines (ODG) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION (S): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

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

Decision rationale: The patient presents with chronic lumbar pain with radiculopathy. The current request is for lumbar epidural injection(s). The treating physician lumbar physical examination states, "There is no tenderness to palpation along the lumbar spine or pelvic girdle. There is no spasm along the thoracolumbar spine. Motor strength is 5/5. Achilles reflex on the left is 1+. Straight leg raise is negative, bilaterally." The MTUS guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain. The first

criteria states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The examination findings reported do not corroborate that the patient has radiculopathy. Furthermore the request does not specify the exact level that is to be injected. The treating provider in this case has failed to document physical examination findings of radiculopathy and the prescription is incomplete as there is no level specified. The recommendation is for denial.

LUMBAR FACET BLOCK AT L4-L5 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint injections, multiple series.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Lumbar Facet joint signs & symptoms.

Decision rationale: The patient presents with chronic lumbar pain with radiculopathy. The current request is for lumbar facet block at L4/5. The treating physician lumbar physical examination states, "There is no tenderness to palpation along the lumbar spine or pelvic girdle. There is no spasm along the thoracolumbar spine. Motor strength is 5/5. Achilles reflex on the left is 1+. Straight leg raise is negative, bilaterally." The treating physician states, "I refer him back to (pain management physician) for lumbar epidural injections as well as L4/5 and L5/S1 facet blocks." The MTUS guidelines do not address facet injections. The Official Disability Guidelines (ODG) states specifically the criteria used for facet joint pain injections which include, tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings, normal straight leg raising. The objective information provided by the treating physician states the patient has no tenderness to palpation in the lumbar spine. The recommendation is for denial.

LUMBAR FACET BLOCK AT L5-S1 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint injections, multiple series.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Lumbar Facet joint signs & symptoms.

Decision rationale: The patient presents with chronic lumbar pain with radiculopathy. The current request is for lumbar facet block at L5/S1. The treating physician report dated 5/22/13 under lumbar physical examination states, "There is no tenderness to palpation along the lumbar spine or pelvic girdle. There is no spasm along the thoracolumbar spine. Motor strength is 5/5. Achilles reflex on the left is 1+. Straight leg raise is negative, bilaterally." The treating physician states, "I refer him back to (pain management physician) for lumbar epidural injections as well as

L4/5 and L5/S1 facet blocks." The MTUS guidelines do not address facet injections. The Official Disability Guidelines (ODG) states specifically the criteria used for facet joint pain injections which include, tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings, normal straight leg raising. The objective information provided by the treating physician states the patient has no tenderness to palpation in the lumbar spine. The recommendation is for denial.