

Case Number:	CM13-0030986		
Date Assigned:	12/04/2013	Date of Injury:	08/14/2012
Decision Date:	02/04/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/02/2013

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 Occupational Medicine, 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 33 year old female with a work-related injury suffered on 8/14/12 to her low back. The patient has been treated with chiropractic, PT, Acupuncture, Meds, injections, use of lumbar brace and transcutaneous electric nerve stimulation unit. A treating doctor's report from 8/28/13 reveals that the patient complains of constant pain in her lower back with radiation to her leg. Other complaints consist of difficulty falling asleep and symptoms of depression. The patient underwent the first lumbar epidural steroid injection and a facet joint block at the medial branch on 8/19/13 that helped restore ability to function to the low back and reduced the pain. Examination findings reveal positive kemps and straight leg raise test bilaterally, diminished right knee and ankle reflexes, and tenderness of the paraspinal muscles and facet joints from L3-S1. Diagnoses include displacement of lumbar disc without myelopathy and spinal stenosis and facet arthrosis at L5/S1, as well as lumbosacral radiculitis on the right and lumbar facet joint syndrome. The patient was recommended to continue with her chiropractic and acupuncture and to undergo a second lumbar epidural injection. The treating doctor's 9/25/13 report indicates patient has constant low back pain with pain travelling to both legs and she complains of numbness. She is status post second diagnostic lumbar epidural steroid injection on 9/16/13.

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 at disc levels L5-S1: 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 section on Epidural Steroid Injections Page(s): 46.

Decision rationale: The treating physician states that the patient has both radicular pain and non radicular pain. There is no clear delineation as to the use of an epidural steroid injection (ESI) for which injury. Also, the physician plans on doing an ESI as well as medial branch block. The two procedures should not be done on the same day as they can confound diagnosis and treatment potential, according to the MTUS Chronic Pain Guidelines. In addition, the patient reported side effects of arrhythmia post ESI and may pose a contraindication. The request for a second diagnostic lumbar epidural steroid injection at disc levels L5-S1 is not medically necessary and appropriate.

Lumbar facet joint block at the medial branch at levels L4-L5 and L5-S1: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines; section on lumbar facet injections, and Low Back Complaints

Decision rationale: ACOEM Guidelines state that there is limited evidence for lumbar facet blocks. In addition, the physician states he is planning on doing an ESI at the same time as the facet block. ACOEM does not go into detail regarding facet blocks. Criteria for facet blocks in the Official Disability Guidelines states that the patient must have non-radicular symptoms. The reports requesting this treatment indicate both radicular and non-radicular issues, and are contradictory. Also, the criteria indicate that the patient must failed conservative care. The patient is still pending acupuncture and chiropractic treatment as well as reported had a good result with medications. Consequently, the request for a lumbar facet joint block at the medial branch at levels L4-L5 and L5-S1 is not medically necessary and appropriate.

Clearance from an internal medicine specialist: 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 evaluation: 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.