

Case Number:	CM13-0039429		
Date Assigned:	12/18/2013	Date of Injury:	03/01/2013
Decision Date:	02/28/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/28/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a woman who sustained a work-related injury on March 1, 2013. She subsequently developed chronic back pain for which she was treated to with Norco. According to a note from ██████████, the patient developed with the severe back pain with an intensity 7/10. Her physical examination demonstrated the central back pain, decreased sensation in the left lower leg. Subsequently the patient was prescribed physical therapy and Toradol. She was started on Neurontin, Celebrex, Soma and Vicodin without improvement. Her physical examination demonstrated moderate to severe tenderness on palpation of the lumbar spine. Her MRI of the lumbar spine dated on June 10, 2013 showed a broad-based central disc protrusion on L5-S1 with bilateral facet arthropathy. The provider requested authorization to perform L5-S1 selective nerve block and L5-S1 facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 selective nerve root block (quantity 1): 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), Low Back Section, Epidural Steroid Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. There is no electrodiagnostic documentation of radiculopathy. There is no clear documentation of failure of conservative therapies with compliance with first line therapies. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, this request is not medically necessary.

L5-S1 facet injection (quantity 1): 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), Low Back Section, Epidural Steroid Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 300.

Decision rationale: According to MTUS guidelines, <Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain.> (Low back complaints page 300) Facet injection for low back pain is not recommended according to MTUS guidelines. In addition, there is no clear evidence of lower back facet pain in this case. Therefore, this request is not medically necessary.