

Case Number:	CM13-0045112		
Date Assigned:	09/12/2014	Date of Injury:	04/24/2012
Decision Date:	10/10/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 27 year old female with a 4/12/12 injury date. The patient was stocking with miscellaneous product and felt pain in her lower back. In a 10/16/12 note, she complained of lumbar pain and a lumbar epidural injection was administered for a reported herniated disc at L5-S1. An unofficial MRI report from 8/19/13 showed mild interval decrease in size of a 3mm L5-S1 disc protrusion. In a 8/26/13 note, she complained of persistent low back pain with radiation and numbness to the left lower extremity. There were no objective findings reported. The treatment plan at that time was for a second lumbar epidural injection. A recent appeal letter from 4/24/14 notes subjective complaints of continued lower back pain going toward bilateral hips and groin. The patient denied having any shooting pain going lower into the extremities. Objective findings included tenderness of the lumbar spine from L3-5 bilaterally, tenderness over the facet joints at L4-5 and L5-S1 bilaterally, pain with lumbar extension, side bending, and rotation. Neurological exam was normal with no evidence of radiculopathy. The request is now for diagnostic medial branch blocks at L4-5 and L5-S1 bilaterally. Diagnostic impression: bilateral lumbar facet syndrome, lumbar spondylosis without myelopathy, mechanical/axial low back pain. Treatment to date: physical therapy, NSAIDs, chiropractic care, TENS unit, and acupuncture; all for greater than 12 weeks without significant relief. A UR decision on 9/25/13 denied the request for lumbar epidural steroid injection X 2 on the basis that there was no evidence of radiculopathy, objective clinical findings did not corroborate with imaging findings, and there was a lack of documentation providing evidence of unresponsiveness to prior conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI) for 2 injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. CA MTUS does not address medial branch blocks. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. In the present case, the patient does not qualify for an epidural injection because there clearly is no evidence of radiculopathy. In the appeal letter, the provider does modify their previous request for lumbar ESI and is now asking for two-level diagnostic medial branch blocks. Based upon ODG criteria, the patient does appear to qualify for this procedure; however, the request as documented on the RFA form is still for lumbar ESI. Since this is an appeal-review, the request on the RFA form must be addressed, and there is insufficient clinical evidence to support a lumbar ESI. Therefore, the request for lumbar epidural steroid injection (LESI) for 2 injections is not medically necessary.