

Case Number:	CM13-0046231		
Date Assigned:	06/09/2014	Date of Injury:	07/18/1984
Decision Date:	08/19/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Medicine and Rehabilitation, has a subspecialty in 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:

The injured worker is a 68-year-old female who reported an injury on 07/18/1984. The mechanism of injury was not provided within the documentation. Prior treatments were noted to be a lumbar laminectomy/discectomy at L4 done in 1985. A fusion was done in 2001. Treatments also included medications. The physical examination noted the lumbar/lumbosacral spine exhibited abnormalities. There was mild tenderness over L4-5. There was more significant tenderness over the sacroiliac joints bilaterally, right greater than left. The straight leg raise test on the left was positive at 45 degrees. She had pain in her left groin. The straight leg raise test on the right was positive at 35 degrees with pain in the right groin and sacroiliac. Plantar and dorsiflexion were intact and knee jerks were diminished bilaterally. The treatment plan was for injections in the sacroiliac joint and medications. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks.

Decision rationale: The request for lumbar epidural blocks is not medically necessary. The California MTUS/ American College of Occupational and Environmental Medicine Guidelines state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet Neurotomy at the diagnosed levels. These blocks are limited to injured workers with low back pain that is non-radicular and at no more than two levels bilaterally. There must be documentation of a failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. Documentation should include rhizotomy or Neurotomy to follow in the treatment plan. Physical findings should include a normal sensory examination, absence of radicular findings, a normal straight leg raise examination, and tenderness to palpation in the paravertebral areas over the facet region. The documentation failed to provide adequate facet joint pain signs and symptoms. In addition, the request did not indicate the levels requested for the epidural blocks. Therefore, the request for lumbar epidural blocks is not medically necessary.