

Case Number:	CM13-0051800		
Date Assigned:	12/27/2013	Date of Injury:	02/25/2013
Decision Date:	03/11/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/14/2013

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 Pain Management, has a subspecialty Certification in Disability Evaluation and is licensed to practice in California, District of Columbia, Florida, and Maryland. 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 female with a reported date of injury on 05/14/97 to her cervical spine, lumbar spine, bilateral shoulders, right elbow, and bilateral wrists. The patient is noted to have had a cervical fusion. She has ongoing low back pain, with radiating pain to the lower extremities. Physical examination showed decreased sensation and 4+/5 strength in the bilateral lower extremities. An MRI of the lumbar spine, dated 07/22/13, reveals at L2-3, dehiscence of the nucleus pulposus with a 3mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac. The neural foramina appear patent with normal articular facets. At L4-5, dehiscence of the nucleus pulposus with a 2mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac. Mild bony hypertrophy of the articular facets is present. Mild recess stenosis is present bilaterally. At L5-S1, dehiscence of the nucleus pulposus with 4mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac. Mild spondylosis is present. Mild bony hypertrophy of the articular facets is present. The neural foramina appear patent. [REDACTED] notes that EMG/NCS have demonstrated radicular findings; however, the EMC3/NCS report has not been provided for review. At issue is the request for lumbar spine epidural steroid injection with facet block at L2-L3, L4-L5 and L5-S1 which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection with facet block at L2-L3, L4-L5 and L5-S1:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC-Pain

Decision rationale: The request for lumbar spine epidural steroid injection with facet block at L2-L3, L4-L5 and L5-S1 is not supported by the guidelines. The MRI does not indicate any neural compression while the EMG/NCS report was not provided for review by the treating physician. The guideline stipulates that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Last the guidelines stated that no more than two nerve root levels should be injected using transforaminal blocks. Therefore the request for lumbar spine epidural steroid injection with facet block at L2-L3, L4-L5 and L5-S1 is not medically necessary.