

Case Number:	CM13-0051889		
Date Assigned:	12/27/2013	Date of Injury:	01/01/2008
Decision Date:	10/27/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, 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 52-year-old individual who sustained an injury on 01/01/08. No reports were available for review except the 09/03/13 procedure note when the patient underwent a diagnostic lumbar epidural steroid injection. According to this note, the patient continued to have lumbar pain and post-operative diagnoses included low back pain with bilateral lower extremity radiculopathy, displacement of the lumbar intervertebral disc, annular tear at the L3-4 disc, lumbar spinal stenosis, lumbar facet hypertrophy syndrome, lumbar spondylosis, bilateral neural foraminal stenosis at L3-4 and L4-5 and Myalgia. No other information or report was available for review. The request for second diagnostic lumbar epidural steroid injection at disc levels L4-L5 and L5-S1, lumbar facet joint block at the medial branch at levels L3-L4 and L4-L5 bilaterally, and clearance from an internal medicine specialist prior to injections was denied on 10/02/13.

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 L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS,.

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

Decision rationale: As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the clinical information is very limited and there is no documentation of a detailed history and physical exam, demonstrating evidence of radiculopathy. There is no imaging or electrodiagnostic evidence of nerve root compression. There is no documentation of trial and failure of conservative management such as physiotherapy. Therefore, the medical necessity of the request for ESI is not established per guidelines and due to lack of documentation; non-certified.

LUMBAR FACET JOINT BLOCK AT THE MEDIAL BRANCH AT LEVELS L3-L4 AND L4-L5 BILATERALLY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- TWC LOW BACK PROCEDURE SUMMARY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint block

Decision rationale: According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway: No more than one therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the clinical information is very limited and there is no documentation of a detailed history and clinical findings demonstrating lumbar facet joints pain. There is no imaging evidence of lumbar facet arthritis. There is no documentation of trial and failure of conservative management or a rehabilitation plan such as physical therapy. The injured worker does not meet the above criteria. Therefore, the request is not medically necessary according to the guidelines and due to lack of documentation.

CLEARANCE FROM AN INTERNAL MEDICINE SPECIALIST PRIOR TO INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC LOW BACK PROCEDURE SUMMARY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examiner & consultation

Decision rationale: As per CA MTUS/ACOEM guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, clearance from Internal Medicine specialist is not required as the determination for the injections is non-certification.