

Case Number:	CM13-0062337		
Date Assigned:	12/30/2013	Date of Injury:	10/16/2004
Decision Date:	06/10/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/06/2013

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, has a subspecialty in Pain 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 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 patient is a 35 year old male who was injured on 10/16/2004 while shoveling walnuts. His back popped and he developed right groin and right testicular pain that has persisted over the years. Treatment history included lumbar ESIs with the most recent in January of 2013 which only helped a little bit, physical therapy and chiropractic care with little benefit. Medications include hydrocodone 10/325 mg and diclofenac. Diagnostic studies reviewed include lumbar spine MRI dated 11/06/2013 revealing small central disc extrusion on L4-5 decreased in prominence without neural compression. There was also mild bilateral foraminal narrowing at L4-5 and L5-S1. No significant canal stenosis was found in any level. Progress report dated 11/11/2013 documents the patient with pain at 9/10 constant. Patient is wearing a back brace continuously while at work, at home, and occasionally to bed. The patient presents with chief complaints of back pain. Objective findings on exam include some tenderness in the back generalized, a little bit more on the left than the right. MRI report came back essentially the same, L4-5 and L5-S1, definite lesions, but not operable. He is walking favoring his right leg and has pain radiating down, occasionally in both legs. Note: no neurological testing/documentation noted on examination. Medications include Viagra 100 mg as directed, Voltaren 75 mg one tablet twice a day, Vicodin 5/500 mg one tablet three times a day and Norco as directed. Neurological consultation dated 08/28/2013, documented the patient to have complaints of numbness that radiates into the right anterior thigh. This pain is primarily in the back and right groin. At times, he has numbness in the right foot; His pain typically is 10/10 in the back. He denies significant radiating pain into the leg or foot. Objective findings on exam included motor examination 5/5 strength to confrontation in all extremities. Sensation is intact to light and touch and pinprick in all extremities and torso with the exception of trace left Achilles. Interestingly, the right Achilles is 2+. Analysis and plan reveals L4-5 and L5-S1 disc degeneration with a small

focal L4-5 disc protrusion without nerve root compression. His symptoms are not common for lower lumbosacral radiculopathy. Suggest repeating an LESI and trying facet blocks with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LUMBAR EPIDURAL STEROID INJECTION WITH FACET BLOCK PAIN MANAGEMENT: 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- Lumbar & Thoracic (Acute & Chronic), Therapeutic Blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 46.

Decision rationale: As per CA MTUS guidelines, a repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, this patient has chronic lower back pain radiating to legs. He had lumbar ESI at L4-5 in January 2013 with no significant relief. Currently, he reported his pain level has 9-10/10 and there is no evidence of significant neurological deficits on physical exam consistent with radiculopathy. Further, regarding facet block, CA MTUS do not have appropriateness and hence ODG have been utilized. As per ODG, Clinical presentation should be consistent with facet joint pain, signs & symptoms..., it is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. This patient has neuropathic pain and there is no documentation of facet tenderness on physical exam. Thus, the request for 1 ESI is not medically necessary and is not medically necessary.