

Case Number:	CM13-0063634		
Date Assigned:	12/30/2013	Date of Injury:	03/26/2010
Decision Date:	05/20/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a functional capacity testing; and at least one prior diagnostic epidural injection. In a utilization review report of November 7, 2013, the claims administrator denied a request for medial branch blocks and denied a request for a second diagnostic epidural steroid injection, stating that the earlier injection was not successful. An October 10, 2013 progress note is notable for comments that the applicant reports 7/10 low back pain, burning. The applicant states that the lumbar support and pain medications were helpful. The applicant reportedly underwent an earlier diagnostic epidural steroid injection at L4-L5 and L5-S1. Diagnostic facet injections/medial branch blocks are sought along with the epidural injection. The applicant apparently has altered sensorium about the legs. A November 28, 2013 note is notable for comments that the applicant was off of work, on total temporary disability, and was using several topical compounds and also pursuing a hip surgery consultation.

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 LEVEL L4-L5 AND L5-S1 BILATERALLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Section Page(s): 46.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the pursuit of repeat epidural blocks should be predicated on evidence of functional improvement and appropriate analgesia achieved with prior blocks. In this case, however, the applicant has failed to demonstrate the requisite improvement with earlier blocks. Significant pain complaint persists. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on oral medications and topical compounds. All the above, taken together, suggested the earlier diagnostic epidural block was unsuccessful. It is further noted that the attending provider's concomitant pursuit of both medial branch blocks and epidural injections significantly diminishes the diagnostic value of either procedure. For all of the stated reasons, then, the request is not medically necessary.

LUMBAR FACET JOINT BLOCK AT THE MEDIAL BRANCH LEVELS L4-L5 AND L5-S1 BILATERALLY. .: 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 Chapter, Medial Block Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, either diagnostic or therapeutic, are "not recommended." In this case, as noted previously, there is, moreover, some lack of diagnostic clarity. The fact that the attending provider is pursuing epidural injections in parallel with facet blocks implies that there is no clear pain generator present here. Therefore, the request is not medically necessary.