

Case Number:	CM13-0067413		
Date Assigned:	01/03/2014	Date of Injury:	05/09/2012
Decision Date:	08/07/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/17/2013

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 patient is a 30 year old male who was injured on 05/09/2012 while a box of license plates fell on his right foot and ankle injuring right lower leg, lower back area and mental/physical. Prior treatment history has included on 11/25/2013 the patient underwent lumbar epidural steroid injection. He experienced a reduction in pain that began 3 days after the procedure. He reports a reduction in pain from 9 to 6/10 and the lowest level of pain lasted for 2-3 days. The pain frequency is the same as before. Prior treatment history has included chiropractic treatment, medications, injections and bracing. Medications prescribed are Oxycodone, Norco and ibuprofen. MRI of the lumbar spine dated 11/12/2012 showed L1-2 degenerative disc disease and focal central 5.4 mm disc protrusion, 4.2 mm in flexion, 6.8 mm in extension, probably secondary to healed 20% anterior wedge compression fracture of L1. No other abnormalities noted. Progress note dated 12/11/2013 documented the patient to have complaints of constant pain in his right shoulder, lower back traveling to bilateral hips with bilateral hip pain, frequent pain to his right knee and right ankle, and pain in his right foot. Objective findings on exam included examination of the thoracic spine: AT levels T9-T10, T10-T11, T11-T12 and T12-L1, palpation reveals moderate paraspinal tenderness bilaterally. At levels T9-T10, T10-T11, T11-T12 and T12-L1, palpation reveals moderate spinal tenderness. AT levels T9-T10, T10-T11, T11-T12 and T12-L1, palpation reveals moderate tenderness at the facet joint bilaterally. Examination of the lumbar spine reveals Valsalva and Kemp's Test/Facet are positive on both sides. Bechterew's test is negative on both sides. Extradural involvement/sciatic tension is positive bilaterally. Straight leg raise test for pain along the sciatic distribution, likely caused a herniated disc, is positive bilaterally. Reflexes for the knees are normal bilaterally. Reflexes for the ankles are normal bilaterally. The patient has noted sensory deficit of the medial hip and anterior upper thigh on the right corresponding to the L2, L3, L4 and S1 dermatome. Motor

deficit is corresponding with L2, L3 and L4 myotome. At levels L1-L2, L2-L3, L3-L4, L4-L5 and L5-S1 palpation reveals moderate paraspinal tenderness bilaterally. At levels L1-L2, L2-L3, L3-L4, L4-L5 and L5-S1 palpation reveals moderate spinal tenderness bilaterally. At levels L1-L2, L2-L3, L3-L4, L4-L5 and L5-S1 palpation reveals moderate tenderness at the facet joints bilaterally. At levels L1-L2, L2-L3, L3-L4, L4-L5 and L5-S1 palpation reveals moderate tenderness at S1 bilaterally. Palpation reveals moderate tenderness at the sciatic nerve bilaterally. The patient was unable to perform heel walk and toe walk due to right ankle injury. Unable to test L4, L5, and S1 myotomes due to severe right ankle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CONSULTATION PRIOR TO INJECTIONS: Upheld

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

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), Chapter 7 - Independent Medical Examinations and Consultations, page 503.

Decision rationale: As per CA MTUS 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 that the 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, this patient has chronic mid and lower back pain radiating to lower extremities. He had prior trial of lumbar ESI and facet joint block and there was no documentation of any internal medicine issues. There is no clinical rationale submitted why the clearance from an internal medicine specialist prior to proceeding with the requested lumbar facet joint injections. Thus, the medical necessity has not been established.

PSYCH CONSULTATION PRIOR TO INJECTIONS: Upheld

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

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), Chapter 7 - Independent Medical Examinations and Consultations, page 503.

Decision rationale: As per CA MTUS 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 that the 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, the provider has requested psychological evaluation to determine if the patient is sufficiently stable and secure emotionally to undergo the requested lumbar facet injections. However, there is no documentation that this patient has a psychological disorder for which a psychological evaluation is needed prior to the procedure. He had previous trial of lumbar ESI and facet joint block and there is no documentation of any psychological issues. Thus, the medical necessity has not been established.

**LUMBAR FACET JOINT BLOCK MEDIAL BRANCH AT T12-L1 & L1-L2
BILATERAL QTY: 1: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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 - Lumbar & Thoracic (Acute and Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, Clinical presentation should be consistent with facet joint pain, signs & symptoms.1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine.2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, the records indicate that this is having radicular pain and lumbar MRI dated 11/12/2012 shows normal facet joints at L1-2. Additionally, there is no documentation that the prior trial of diagnostic lumbar ESI at L1-2 and lumbar facet joint block at the medial branch at levels T12-L1 and L1-2 resulted in at least 70% improvement. Thus, the medical necessity for the repeat facet joint block medial branch at T12-L1 and L1-L2, bilaterally is not established.

**LUMBAR FACET JOINT BLOCK MEDIAL BRANCH AT T12-L1 & L1-L2
BILATERAL QTY: 1: Upheld**

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