

Case Number:	CM13-0068039		
Date Assigned:	01/03/2014	Date of Injury:	03/11/2010
Decision Date:	08/18/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 68-year-old employee with date of injury of March 11, 2010. Medical records indicate the patient is undergoing treatment for lumbar facet syndrome, spinal lumbar degenerative disc disease (DDD), low back pain and sprain lumbar region. Subjective complaints include low back pain radiating down both legs, pain level has increased and sleep quality has decreased. Pain level is 10/10 without medication, 7/10 with medication. He has neuropathic pain down both legs and he is numb in his right foot between his toes. He states that at times the pain is so unbearable he cannot sit down. Objective findings include the lumbar spine reveals straightening of spine; range of motion (ROM) is restricted with flexion to 48 degrees; extension limited to 8 degrees and pain with flexion. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band on both sides. Lumbar facet loading is positive on both sides; Babinski's sign is negative. Motor testing is limited by pain. On sensory exam, light touch is decreased over lateral foot, 1, 2, 3, 4 and 5th toes on the right side and lateral thigh on the left with patchy distribution. Deep tendon reflexes show 2/4 on ankle jerk and knee jerk, both sides. Straight leg test raising was positive on both sides. Treatment has consisted of Trazodone, Flexeril, Catapres TTS-1 patch, Celebrex, Dilaudid, Lyrica, Aspirin, physical therapy, home exercise program and stretching. The utilization review determination was rendered on December 11, 2013 recommending non-certification of a repeat diagnostic lumbar medial branch block at bilateral L3, L4 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Bilateral Diagnostic Lumbar Medial Branch Block (L3, L4 and L5): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The California MTUS guidelines further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support a series-of-three injections in either the diagnostic or the therapeutic phase. We recommend no more than two ESI injections. In this case, the treating physician does document radiculopathy and failure of conservative treatment to meet the above California MTUS guidelines. However, the request is for three nerve roots, exceeding guidelines, which state no more than two nerve root levels, should be injected using transforaminal blocks. As such, the request is not medically necessary.