

Case Number:	CM13-0068992		
Date Assigned:	01/22/2014	Date of Injury:	10/21/2010
Decision Date:	06/02/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/20/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 female who reported an injury on 10/21/2010 after she twisted her back while climbing under a desk during an earthquake drill. The injured worker's treatment history included medications, physical therapy, and acupuncture. The injured worker underwent an MRI on 10/26/2012 that documented there was a disc bulge at the L4-5 causing bilateral neural foraminal narrowing, a disc bulge at the L5-S1 causing spinal canal narrowing and left neural foraminal narrowing in combination with left facet hypertrophy. The injured worker was evaluated on 11/19/2013. It was documented the injured worker had undergone at least 2 previous epidural steroid injections. It was noted that the second epidural steroid injection did not provide the injured worker any relief. Physical evaluation of the lumbar spine documented diminished reflexes of the knees, tenderness to palpation at the L5-S1 and S1 paravertebral musculature and spinal tenderness at the L5-S1 and S1 process and facet joints. The patient had a positive right sided straight leg raising test with slight referred pain to the hip and a negative left side straight leg raising test. The injured worker's diagnoses included lumbago, displacement of lumbar intervertebral disc without myelopathy, low back pain with bilateral right extremity radiculopathy, and lumbar facet joint syndrome, and myalgia. A request was made for a therapeutic epidural steroid injection at the L4-5 and L5-S1 and a facet joint block at the L4-5 and L5-S1 to determine the injured worker's appropriateness for a rhizotomy. It was noted that the injured worker should receive medical clearance and psychological clearance prior to the procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIRST THERAPEUTIC 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 INJECTION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: The requested first therapeutic lumbar epidural steroid injection at disc level L4-5 and L5-S1 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections be repeated when there is documentation of at least 50% pain relief for 4 to 6 weeks with significant functional improvement. The clinical documentation submitted for review does indicate that the injured worker previously underwent an epidural steroid injection at the requested level that did not provide any relief or functional improvement. Therefore, continued epidural steroid injections would not be supported. As such, the requested first therapeutic lumbar epidural steroid injection at the disc levels L4-5 and L5-S1 are not medically necessary or appropriate.

LUMBAR FACET JOINT BLOCK AT THE MEDIAL BRANCH AT LEVELS L4-L5 AND L5-S1: Overturned

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

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 Chapter, Facet Injections (Diagnostic).

Decision rationale: The requested lumbar facet joint block at the medial branch at levels L4-5 and L5-S1 is medically necessary and appropriate. The California Medical Treatment Utilization Schedule does not address diagnostic facet injections. Official Disability Guidelines recommend diagnostic facet injections to assess the appropriateness of a radiofrequency ablation. These are indicated for injured workers who have well documented facet mediate pain that has not responded to conservative treatments in the absence of radicular pain. The clinical documentation submitted for review does not provide any evidence of radiculopathy. Additionally, it is documented that the injured worker has facet mediated pain at the L4-5 and L5-S1 levels. As such, the requested lumbar facet joints at the medial branch at the levels L4-5 and L5-S1 are medically necessary and appropriate.

CLEARANCE FROM AN INTERNAL MEDICINE SPECIALIST: 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.

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 Chapter, Pre-Operative Lab testing (general).

Decision rationale: The requested clearance from an internal medicine specialist is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address this request. Official Disability Guidelines do not support the need for medical clearance or preoperative testing for ambulatory surgeries. Therefore, the need for clearance from an internal medicine specialist is not supported. As such, the requested clearance from internal medicine specialist is not medically necessary or appropriate.

PSYCHOLOGICAL EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHSYCHOLOGICAL EVALUATION Page(s): 101.

Decision rationale: The requested psychological evaluation is not medically necessary or appropriate. The clinical documentation submitted for review indicates that this is a request for psychological clearance prior to surgical intervention. However, although this is an invasive procedure, it is not considered a surgical intervention. The California Medical Treatment Utilization Schedule recommends psychological evaluation prior to spinal cord stimulator, intrathecal drug delivery systems, and fusion surgeries. The need for a psychological clearance prior to this ambulatory intervention is not clearly justified with the documentation. As such, the requested psychological evaluation is not medically necessary or appropriate.