

Case Number:	CM14-0007335		
Date Assigned:	02/10/2014	Date of Injury:	03/28/2012
Decision Date:	07/14/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/20/2014

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 patient is a 37 year-old male who has filed a claim for lumbar intervertebral disc degeneration associated with an industrial injury date of March 28, 2012. Review of progress notes indicates low back pain, increasing migraine-like headaches, and difficulty sleeping. Patient denies pain over both lower extremities. Findings include a mildly obese patient with tenderness over the lumbar facets, spasms of the lumbar musculature, decreased bilateral motor strength of the lower extremities except for hip abduction and ankle dorsiflexion, and decreased painful lumbar range of motion. Treatment to date has included NSAIDs, opioids, muscle relaxants, sedatives, Soma, Maxalt, topical analgesics, heat, ice pack or Biofreeze gel, physical therapy, TENS, lumbar epidural steroid injection, diagnostic lumbar facet blocks, and RF ablation to the right L4-S2. Utilization review from January 07, 2014 denied the request for lumbar medial branch blocks as there are no findings of radiculopathy. Reason for denial of lumbar epidural steroid injection under fluoroscopy with epidurogram (10/28/2013) was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCKS, 2 FOR EACH LEVEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 JOINT MEDIAL BRANCH BLOCKS (THERAPEUTIC INJECTIONS) AND FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. As noted in ODG, medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally, with conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, the patient has had previous facet block in February 2013 with minimal pain relief. The level/s to which these injections are directed to be not indicated. Also, there are no indications for repeat medial branch blocks. Therefore, the request for medial branch blocks, 2 for each level is not medically necessary.

RETRO: LUMBAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY WITH EPIDUROGRAM; 10/28/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guide.

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

Decision rationale: As stated on page 46 of Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, the progress notes prior to the lumbar epidural steroid injection given in 10/28/2013 do not clearly indicate lumbar radiculopathy. There were also no imaging studies to confirm nerve root pathology. Therefore, the retrospective request for lumbar epidural steroid injection under fluoroscopy with epidurogram 10/28/2013 is not medically necessary.