

Case Number:	CM14-0016247		
Date Assigned:	04/11/2014	Date of Injury:	11/16/2003
Decision Date:	05/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 45-year-old male who reported an injury on 11/16/2003. The mechanism of injury was a fall. Other therapies include previous epidural steroid injections. The documentation of December 17, 2013 revealed the injured worker had increased low back pain, axial in nature that did not radiate to the extremities. The injured worker underwent a lumbar facet injection on March 25, 2013 and a diagnostic facet block. The injured worker had zero pain during the diagnostic period. However, following the diagnostic period, he continued to have a slight decrease in pain. The injured worker was able to stand and walk for longer periods of time and had 70% to 80% improvement until the last few weeks of current exacerbation. The injured worker was considered for a lumbar facet rhizotomy. However, with such lasting relief, no procedure was performed. The physical examination revealed the injured worker had a straight leg raise that was negative and facet imbrication testing was positive bilaterally at L4-5 and L5-S1. The impression/diagnoses included low back pain currently consisting of facet arthropathy per MRI laterally. Bilaterally, L4-5 facet hypertrophy in the left, L5-S1 facet hypertrophy, lumbar fascial pain and spasm, status post lumbar discectomy left L4-5, and history of complete relief with facet diagnostic nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 AND L5-S1 LUMBAR EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend repeat epidural steroid injections when there is objective documented pain relief and functional improvement including at least 50% pain relief with associated reduction of medication use for six to eight weeks with the general recommendation of no more than 4 blocks per region per year. However, the physician indicated the request was for a lumbar facet joint injection. The clinical documentation indicated the injured worker had a prior facet block with 70% to 80% relief. There was no documentation submitted requesting a lumbar epidural steroid injection, including neither a PR2 nor a DWC Form RFA. The request for bilateral L4-L5 and L5-S1 LESI is not medically necessary or appropriate.