

<b>Case Number:</b>	CM14-0030269		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Neurological Surgery 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 injured worker is a 50-year-old gentleman who was reportedly injured on July 22, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 5, 2014, indicates that there are ongoing complaints of low back pain and numbness in the left lower extremity. Current medications include tramadol. The physical examination demonstrated decreased sensation in the left lower extremity at L1, L2, L3, and L4. There was tenderness along the lower lumbar spine. In addition, a straight leg raise test at 50 on the right side. Additional lumbar epidural steroid injections were recommended. Diagnostic imaging of the lumbar spine showed disk desiccation at L3/L4 through L5/S1. At the L5/S1 level there was diffuse disc herniation causing central canal stenosis and right foraminal stenosis deviating the bilateral L5 exiting nerve roots. Previous treatment includes epidural steroid injections and physiotherapy. A request had been made for a second diagnostic epidural steroid injection at L5/S1 and was not certified in the pre-authorization process on February 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 second diagnostic ESI QTY: 1.00: 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 Injection Page(s): 46.

**Decision rationale:** According to the California MTUS chronic pain medical treatment guidelines a second epidural steroid injection should not be pursued unless, there was at least 50% pain relief for 6 to 8 weeks from an initial injection. According to the medical record the injured employee did have some relief from the previous epidural steroid injection but it is not stated how much and for how long. Furthermore, it is unclear why this request is labeled as a second diagnostic injection if a previous injection was already performed for diagnostic purposes. For these reasons, this request for a second diagnostic lumbar epidural steroid injection at L5/S1 is not medically necessary.

**L5-S1 right facet joint block at medial branch QTY: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low back (web).

**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 and Thoracic, Facet Joint Medial Branch Blocks (Updated July 3, 2014).

**Decision rationale:** According to the Official Disability Guidelines facet joint medial branch blocks are not recommended except as a diagnostic tool. According to the progress note dated February 5, 2014, it is the intention to use this median branch block is a diagnostic tool and if found to be positive care plans to proceed with additional treatment. Therefore, this request for an L5/S1 right-sided facet medial branch block is medically necessary.

**Pre-procedure clearance by internal medicine specialist QTY: 1.00:** Overturned

**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 Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Preoperative Testing, General (Updated July 10, 2014).

**Decision rationale:** As a request for lumbar spine medial branch blocks has been determined to be medically necessary, so is this request for pre-procedure clearance by an internal medicine specialist.

**Possible other levels for procedures QTY: 2.00:** 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 Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Facet Joint Medial Branch Blocks (Updated July 3, 2014).

**Decision rationale:** While the request for lumbar spine medial branch block has been approved, the request for epidural steroid injections has not been. This request for other possible levels for procedures does not specify what other procedures are contemplated. Without additional information, this request for possible other levels for procedures is not medically necessary.