

Case Number:	CM14-0030345		
Date Assigned:	06/20/2014	Date of Injury:	11/05/2012
Decision Date:	07/28/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	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 Occupational 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 33 year old male who sustained an injury to his low back on 11/05/12 due to a fall at work. Electrodiagnostic (EMG/NCV) study dated 12/05/13 was unremarkable. An MRI of the lumbar spine dated 01/11/13 revealed mild degenerative facet disease at L4-5 and L5-S1; no evidence of disc herniation or neural compromise. Treatment to date has included activity/work restrictions, physical therapy, acupuncture therapy, and management with medications. The injured worker continued to complain of low back pain at 6-7/10 on the visual analog scale. Physical examination noted antalgic gait; ambulation with a single point cane; sacroiliac joint injection was clean, dry, and intact with no signs of infection; diffuse tenderness to palpation over lumbar spine; decreased sensation at L3-4, L4-5, and L5-S1; extensor hallucis longus 4/5 left, hamstrings and inversion 4+/5 left. The injured worker was diagnosed with grade 1 spondylolisthesis at L5-S1 with bilateral pars defects, lumbar disc herniation at L4-5 with left sided neural foraminal narrowing, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Medial Branch Block of L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (http://www.odg-twc.com/odgtwc/low_back.htm).

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 diagnostic blocks (injections).

Decision rationale: TThe request for left medial branch block at L4-5 and L5-S1 is not medically necessary. Previous request was not granted on the basis that there were bilateral leg radicular symptoms. The Official Disability Guidelines states that medial branch blocks should be limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally. Given this, the request for left medial branch block at L4-5 and L5-S1 is not indicated as medically necessary. Therefore, the request is not medically necessary.

Transforaminal Epidural Steroid Injection of the left L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (http://www.odg-twc.com/odgtwc/low_back.htm>).

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

Decision rationale: The request for transforaminal lumbar epidural steroid injection at left L4-5 and L5-S1 is not medically necessary. Previous request was not granted on the basis that although there were radicular symptoms present in the legs and findings of weakness in the left lower extremity, there was no electrodiagnostic testing corroboration for any nerve root compromise. The Lumbar MRI and EMG/NCV did not show any evidence of nerve root compromise. Given this, the request for transforaminal lumbar epidural steroid injection at left L4-5 and L5-S1 is not indicated as medically necessary. Therefore, the request is not medically necessary.