MAXIMUS Federal Services

Case Number:	CM14-0037184		
Date Assigned:	06/25/2014	Date of Injury:	06/14/2005
Decision Date:	08/05/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/27/2014

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 California and Washington. 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 68-year-old female who reported an injury on 06/14/2005 due to an unknown mechanism of injury. The injured worker underwent an MRI on 02/13/2014. It was noted that the injured worker had degenerative disc disease at the T12-L1, L3-4, and L5-S1 levels with a disc protrusion at the L3-4 without evidence of nerve impingement, and abnormal encroachment of the left S1 nerve root due to granulation tissue, a 4 mm disc protrusion with minimal thecal sac impingement and significant edema of the L5-S1 facet joint. The injured worker was evaluated on 03/11/2014. It was documented that the injured worker had persistent pain of the low back radiating into the left lower extremity. Physical findings were not provided. The injured worker's diagnoses included ankle sprain/strain, greater trochanteric bursitis, and lumbar disc herniation. A request was made for an L3-4 epidural steroid injections and an L5-S1 medial branch block for diagnostic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The requested L3-4 lumbar epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have clinical findings of radiculopathy supported by pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does not specifically identify what types of conservative treatments have failed to resolve the injured worker's pain. Additionally, the injured worker's evaluation at the time of the request did not specifically identify any type of radicular findings to support the need for an epidural steroid injection. Furthermore, the imaging study provided for review did indicate there was a disc bulge at the L3-4. However, it specifically noted that there was no nerve root impingement at that level. Therefore, the request is not supported by pathology identified on an imaging study. As such, the requested L3-4 lumbar epidural steroid injection is not medically necessary or appropriate.

L5-S1 medial branch block: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Injections (diagnostic).

Decision rationale: The requested L5-S1 medial branch block is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend a radiofrequency ablation be based on an appropriate response to a medial branch block. There is no documentation that the intended treatment following this medial branch block is a radiofrequency ablation. Official Disability Guidelines recommend medial branch blocks for patients who have well documented facet mediated pain that has failed to respond to conservative treatment. The clinical documentation, at the time of the request, did not include a physical evaluation that supported facet mediated pain at the L5-S1. Additionally, the clinical documentation does not specifically address what conservative treatment the injured worker has participated in. As such, the requested L5-S1 medial branch block is not medically necessary or appropriate.