

Case Number:	CM14-0055014		
Date Assigned:	07/07/2014	Date of Injury:	05/18/2012
Decision Date:	09/16/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/24/2014

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, has a subspecialty in Pain Management, 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:

he patient is a 43 year old female with an injury date on 05/18/2012. Based on the 02/10/2014 progress report provided by [REDACTED], the diagnoses are: 1. Displacement of lumbar intervertebral disc: L5-S1 2. Thoracic or Lumbosacral neuritis or radiculitis unspecified 3. Degeneration of lumbar or lumbosacral intervertebral disc 4. Lumbar facet joint hypertrophy 5. Insomnia According to this report, the patient complains of lower back pain, hips pain, and lower extremities pain. The patient rated the pains as a 10/10. Bechterew's test, Valsalva, Kemp's Test/Facet, Heel Walk (L5) and Toe Walk (SI) are positive on both sides. The patient has noted sensory deficit of the anterior lateral thigh, anterior knee and medial leg and foot on the left with distorted superficial tactile sensibility (diminished light touch) corresponding to the L4 dermatome; sensory deficit of the anterior lateral thigh, anterior lateral leg and middorsal foot on the left with distorted superficial tactile sensibility (diminished light touch) corresponding to the L5 dermatome; and sensory deficit of the posterior leg and lateral foot on the left with distorted superficial tactile sensibility (diminished light touch) corresponding to the SI dermatome. Moderate tenderness was noted at the L5-S1 paraspinal muscles, L5-S1 facet joint, SI joints bilaterally. MRI of the lumbar spine on 12/19/2012 reveals L5-S1 mild degenerative disc and 3 mm posterior disc bulge. There were no other significant findings noted on this report. [REDACTED] is requesting L5-S1 epidural steroid injection and medial branch block at L4-L5 and L5-S1 bilaterally. The utilization review denied the request on 03/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/07/2014 to 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 46 ESI Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural steroid injections.

Decision rationale: According to the February 10, 2014 report by [REDACTED] this patient presents with lower back pain, hips pain, and lower extremities pain. The patient rated the pain as a 10/10. The treater is requesting L5-S1 epidural steroid injection. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of reports show that this patient presents with radiating pain down the both legs but they are not described in any specific dermatomal distribution. MRI showed only 3mm posterior disc bulge at L5-S1 without any nerve root problems. Examination finding is not consistent with MRI findings either with sensory changes at L4, 5 and S1. Therefore, the request for L5-S1 ESI is not medically necessary or appropriate.

Medial Branch Blocks at L4-S and L5-S1 bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -facets: Criteria for the use of diagnostic blocks for facet nerve pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint Injections.

Decision rationale: According to the February 10, 2014 report by [REDACTED] this patient presents with lower back pain, hips pain, and lower extremities pain. The patient rated the pain as a 10/10. The treater is requesting medial branch block at L4-L5 and L5-S1 bilaterally. The utilization review denial letter states "There was radiculopathy on exam which is a contraindication to doing these injections." Regarding medial branch blocks, MTUS does not address it, but ODG low back chapter recommends it for "low-back pain that is non-radicular and at no more than two levels bilaterally." Review of the reports show that the patient has radiating (dermatomal distribution) low back pain with facet joint tenderness upon palpation. The requested medial branch block at L4-L5 and L5-S1 bilaterally is not in accordance with the ODG Guidelines at this time. Therefore, the request for bilateral medial branch blocks at L4-S and L5-S1 is not medically necessary or appropriate.

