

Case Number:	CM14-0062332		
Date Assigned:	07/11/2014	Date of Injury:	04/11/2001
Decision Date:	09/17/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/05/2014

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. 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 61-year-old male who sustained an injury on April 11, 2001. He is diagnosed with disc degeneration of the lumbar spine, facet arthropathy, and is status post blocks in the past with great relief. He was seen on February 27, 2014 for a follow-up. He reported pain across the lumbar spine, left buttocks, and left flank that has been bothering him significantly. He did well with his last set of shots. Subjectively, there was 75% to 85% improvement. Objectively, there was 50% improvement in range of motion. Straight leg raising test improved from 30 degrees to 90 degrees. Improved cadence and stride length was noted as well. Examination of the lumbar spine revealed pain with extension and rotation. No focal deficits were noted. There was good range of motion of the hips, knees, and ankles. Radicular pain was present. There was exquisite pain in the lumbar spine with paraspinal spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural injection at L4-5 x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for bilateral epidural steroid injections at L4-5 is not medically necessary at this time. In as much as the subjective report and objective improvement of the injured worker were considered, criteria for the use of epidural steroid injections were not adequately satisfied. According to the California Medical Treatment Utilization Schedule, radiculopathy must be documented by physical exam and validated by imaging or electrodiagnostic testing. Review of medical records confirmed radiculopathy findings through physical examination. However, no imaging studies or electrodiagnostic studies were found in the medical records to substantiate radicular findings. There was no documentation of failure of conservative treatments in the management of his lumbar pain. This is one of the requirements of the guidelines to warrant the need for bilateral epidural steroid injections. Lastly, while there was report of 75% to 85% improvement, concurrent documentation of reduction of medication use for six to eight weeks was not found in the medical records. Hence, proceeding with the bilateral epidural steroid injections at L4-5 is not medically necessary at this time.

Bilateral facet joint injection L4-5 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The request for bilateral facet joint injection at L4-5 is not medically necessary at this time. The Official Disability Guidelines outlined criteria for eligibility to receive bilateral facet joint injection, which was not satisfied in the clinical scenario of the injured worker based on the medical records reviewed. One of the criteria is that there should be no evidence of radicular pain. As per reviewed medical records, it has been determined that the injured worker still remains significant of radicular pain. The injured worker is not a candidate for bilateral facet joint injection at this time.

Post-injection Physical Therapy x 12 lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The request for 12 sessions of physical therapy is not medically necessary at time. As the request for the bilateral epidural steroid injections and bilateral facet joint injections at L4-5 level, the corresponding request for 12 sessions of physical therapy to the lumbar spine post injection is considered not medically necessary.