

Case Number:	CM14-0076558		
Date Assigned:	07/18/2014	Date of Injury:	08/21/2013
Decision Date:	09/19/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/27/2014

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 & 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 53-year-old male who reported an injury on 08/21/2013 due to a lifting jury. On 04/11/2014, the injured worker presented with complaints of continuous pain to the low back radiating to the bilateral legs. Upon examination, the injured worker has an antalgic gait, is morbidly obese, and appears to be depressed, fatigued, and in severe pain. Examination of the lumbar spine revealed bilateral paravertebral muscle hypertonicity and spasm with tenderness and tight muscle band and trigger points, with a twitch response obtained along with radiating pain upon palpation. There was tenderness noted on the coccyx, posterior iliac spine and sacroiliac joint. There was tenderness noted over the spinous process and L3-S1. There was a positive straight leg raise bilaterally. There was 5/5 motor strength and reduced sensation to the right L5. There was +2 bilateral upper and lower extremity deep tendon reflexes. The diagnoses were status post surgery of the lumbar spine, failed back syndrome, muscle weakness, lumbar facet arthropathy, lumbar spine L1-2 stenosis, lumbar spine radiculopathy, and disc bulging. Prior treatment included physical therapy and medication. The provider recommended a bilateral lumbar sympathetic block, but the provider's rationale and the request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar sympathetic 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 Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: According to California MTUS Guidelines, epidural steroid injection may be recommended to facilitate progress in more active treatment programs, when there is radiculopathy documented by physical examination, and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance, and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review stated; that the injured worker had a positive bilateral straight leg raise, tenderness, spasm, and hypertonicity over the paravertebral muscles with a twitch response obtained along with radiating pain upon palpation, 5/5 motor strength in the lower extremities, and reduced sensation to the right L5. There was lack of documentation of radiculopathy corroborated with imaging studies, and physical examination findings. In addition, the documentation failed to show that the injured worker would be participating in an active treatment program, following the requested injection. Documentation of the injured worker's failure to respond to conservative treatment include medication and physical medicine. Moreover, the request failed to specify the lumbar levels being requested and the use of fluoroscopy for guidance in the request as submitted. As such, the request is not medically necessary.