

Case Number:	CM14-0085466		
Date Assigned:	06/23/2014	Date of Injury:	04/20/2012
Decision Date:	07/25/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 Interventional Spine 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 patient is a 36 year old with an injury date on 4/20/12. Based on the 4/25/14 progress report provided the diagnoses are: 1. Displacement of lumbar intervertebral disc without myelopathy. 2. Lower back pain with left lower extremity radiculopathy. 3. Degeneration of lumbar or lumbosacral intervertebral disc. 4. Spinal Stenosis of unspecified reason. 5. Lumbar facet joint syndrome/hypertrophy. 6. Bilateral neuroforaminal stenosis at L2-3, L3-4, L4-5 and LS-SI Exam on 4/25/14 showed "increased range of motion with decreased palpation and tenderness in lower back. Kemp's Test/Facet is positive on left and negative on right. Seated straight leg raise is negative bilaterally. No loss of sensibility, abnormal sensation or pain in hip and groin bilaterally, corresponding to L1 to the S2 dermatome. L-spine range of motion still limited especially extension at 5/25 degrees." The physician is requesting Lumbar epidural steroid injection at L4-L5 and L5-S1, Bilateral lumbar facet joint block at the medial branch at levels L3-L4, L4-L5, and L5-S1, and Psychological evaluation. The utilization review determination being challenged is dated 5/16/14 and rejects epidural steroid injection as patient does not meet requisite criteria for radiculopathy. The physician is the requesting provider, and he provided treatment reports from 1/27/14 to 5/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: This patient presents with lower back pain traveling to bilateral lower extremities, with numbness/tingling in bilateral buttocks and bilateral legs. The treater has asked Lumbar epidural steroid injection at L4-L5 and L5-S1 on 4/25/14. Patient had a second epidural steroid injection on 4/15/14 with relief of pain decreased from 9/10 to 7/10, which lasted for 10 days with increased function, range of motion, and reduced medication use. Although pain relief was only 18% from the previous epidural steroid injection, treater states an overall 50% improvement in function and reduction in medication per 4/25/14 report. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. For repeat injection greater than 50% reduction of pain is required lasting at least 6 weeks. In this case, pain relief was only for 10 days. Recommendation is for denial.

Bilateral lumbar facet joint block at the medial branch at levels L3-L4, L4-L5, and L5-S1:
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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non MTUS Official Disability Guidelines (ODG), Low Back, online for diagnostic facet blocks: (http://www.odg-twc.com/odgtwc/low_back.htm#FacetInjections)

Decision rationale: This patient presents with lower back pain traveling to bilateral lower extremities, with numbness/tingling in bilateral buttocks and bilateral legs. The treater has asked Bilateral lumbar facet joint block at the medial branch at levels L3-L4, L4-L5, and L5-S1 on 4/25/14. Regarding facet joint blocks, ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the patient appears to suffer from radicular symptoms given the patient's history of epidural steroid injections. Facet joint evaluations are not indicated for patients with radiculopathy. Furthermore, the request is for 3 levels and ODG guidelines only recommend 2 level evaluations. Recommendation is for denial.

Psychological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non MTUS Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: This patient presents with lower back pain traveling to bilateral lower extremities, with numbness/tingling in bilateral buttocks and bilateral legs. The treater has asked Psychological evaluation on 4/25/14 "to determine if patient is sufficiently stable and secure emotionally to undergo [facet joint block]." Regarding psychological evaluations, ODG pain chapter recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine

fusion, spinal cord stimulator, implantable drug-delivery systems). In this case, facet joint evaluation does not require psychological evaluation. There are no discussion regarding psychological clearance prior to performing spinal injection procedure such as ESI's or facet injections. Recommendation is for denial.