

Case Number:	CM14-0088095		
Date Assigned:	07/25/2014	Date of Injury:	08/29/2009
Decision Date:	09/12/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/12/2014

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 Texas and Oklahoma. 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 application was dated June 9, 2014. The request was for a lumbar ESI with 'set branch blocks' [medically undefined phrase--possibly the provider means 'facet branch blocks] L2-L3, L3-L4, L4-L5 and L5-S1. Per the records provided, the injury was from June 29, 2009. There was pain in the low back with clear radicular symptoms in the legs. There was difficulty with prolonged sitting standing and lifting. There was hypoesthesia along the anterior lateral aspect of the foot and ankle, the L5 and S1 dermatome level bilaterally and weakness in the big toe. The patient is status post posterior lumbar interbody fusion at L4-L5 and L5-S1 on July 13, 2013. She had a lumbar strain and lumbar disc lesion. The medicines were Norco, Ultram, Prilosec and Remeron. She had about 18 sessions of therapy. It appears that the request for physical therapy was discussed but not these injections. There was an orthopedic note from [REDACTED] from January 3, 2014. The primary treating physician's report dated May 9, 2014. states the request was for lumbar facet injections. The doctor in this document however still types: lumbar spine epidural steroid injections with set branch blocks at L2-L3, L3-L4, L4-L5 and L5-S1 for both therapeutic and analgesic purposes. The doctor provided the lumbar facet injection guidelines stating that they are understudy and current evidences conflicting. He notes the patient is status post fusion at L4-L5 and L5-S1 on July 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections (ESIs) with Set Branch B locks L2-L3,L3-L4,L4-L5,L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127.

Decision rationale: The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. The request appears appropriately not medically necessary based on the above. Moreover, it appears the provider is also asking for simultaneous facet blocks. Simultaneous injections are not supported under evidence based guidelines, as diagnostic information regarding the true pain generator is lost. Finally, the MTUS notes that facet injections are not done in the presence of radiculopathy, which this provider clearly documents is present. The request for lumbar ESI with set branch blocks L2-L3, L3-L4, L4-L5, and L5-S1 is not medically necessary and appropriate.