

Case Number:	CM14-0098788		
Date Assigned:	07/28/2014	Date of Injury:	03/11/2013
Decision Date:	09/15/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

This is a 41-year-old female with a 3/11/13 date of injury, and LS-S1 discectomy on 3/12/13. At the time of request for authorization on 5/20/14, there is documentation of subjective chronic intermittent low back pain and leg pain with paresthesias and objective diffuse tenderness in low back findings. MRI of lumbar spine on 6/13/13 revealed status post right laminectomy at L5-S1 with associated postsurgical changes diminished mild spinal stenosis at L4-5 compared to a prior MRI. The report was not available for review. The current diagnoses include; lumbosacral neuritis or radiculitis, unspecified radicular syndrome, lumbosacral spondylosis, sciatica, and lumbosacral disc degeneration. Treatments to date include physical therapy, home exercises, and medications. Regarding lumbar transforaminal epidural injections, there is no documentation of subjective and objective radicular findings in each of the requested nerve root distributions; and no image report at each of the requested levels. There is no documentation that epidural injections will not be performed on the same day as facet joint blocks. Regarding the facet injections, there is no documentation of pain that is non-radicular and no previous fusion procedure at the planned injection level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 and S1 lumbar transforaminal epidural injections and bilateral L5-S1 facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs), and Medial Branch Blocks (MBBs).

Decision rationale: Regarding lumbar transforaminal epidural injections, ACOEM Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG does not recommend performing epidural blocks on the same day of treatment as facet blocks as this may lead to improper diagnosis or unnecessary treatment. Regarding lumbar facet injections, ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG requires documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, and failure of conservative treatments including home exercise, physical therapy (PT), and NSAIDs) prior to the procedure for at least 4-6 weeks, with no more than 2 joint levels to be injected in one session, and no previous fusion procedure at the planned injection level, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis or radiculitis, unspecified radicular syndrome, lumbosacral spondylosis, sciatica, and lumbosacral disc degeneration. In addition, there is documentation of low-back pain at no more than two levels bilaterally, failure of conservative treatment from activity modification, medications, and physical modalities, and no more than 2 joint levels to be injected in one session. However, specifically regarding the epidural injection, despite nonspecific documentation of subjective and objective findings, there is nothing specific to a nerve root distribution in radicular findings in each of the requested nerve roots. On 2/17/14 a MRI of the lumbar spine identified post right laminectomy at L5-S1 with associated postsurgical changes, diminished mild spinal stenosis at L4-5 compared to prior MRI findings. There is no documentation of an MRI report, nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis at each of the requested levels. There is also no documentation that epidural injections will not be performed on the same day as facet injection. Specifically regarding the facet injection, there is no documentation of pain that is non-radicular and no previous fusion procedure at the planned injection level. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.