

Case Number:	CM13-0071262		
Date Assigned:	04/02/2015	Date of Injury:	11/28/2012
Decision Date:	05/01/2015	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old female, who sustained an industrial injury on 11/28/2012. She has reported subsequent low back pain and was diagnosed with displacement of lumbar intervertebral disc, thoracic or lumbosacral neuritis or radiculitis and lumbar facet joint syndrome. Treatment to date has included oral pain medication, application of heat and cold, massage therapy and transcutaneous electrical nerve stimulation unit. In a progress note dated 11/14/2013, the injured worker complained of low back pain radiating to the buttocks that was rated as a 1/10. Objective findings were notable for decrease in lateral bending on exam and tenderness to palpation over the facet/paravertebral areas. The physician noted that the injured worker had undergone one previous lumbar epidural steroid injection and lumbar facet joint block of L4-L5 and L5-S1 bilaterally and had shown adequate response to the procedure. The physician requested authorization of a second lumbar epidural steroid injection at L5-S1 and lumbar facet joint block at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second lumbar epidural steroid injection at disc levels L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic low back pain. When seen, the claimant reported pain rated at 1/10. An epidural steroid injection done 6 weeks before in September 2013 had decreased pain from 2-3/10 to 1/10 with improved function. Physical examination findings included positive left lumbar facet loading with decreased range of motion. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the claimant had ongoing pain relief after the injection performed 6 weeks before. A repeat injection was not medically necessary.

Lumbar facet joint block at the medial branch at levels L5-5 and L5-S1 bilaterally: 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), Low Back, Facet joint diagnostic blocks (injections).

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-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic low back pain. When seen, the claimant reported pain rated at 1/10. An epidural steroid injection done 6 weeks before in September 2013 had decreased pain from 2-3/10 to 1/10 with improved function. Physical examination findings included positive left lumbar facet loading with decreased range of motion. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has minimal pain and has responded to the treatments already provided. Therefore the requested lumbar medial branch block procedure was not medically necessary.