

Case Number:	CM14-0010729		
Date Assigned:	02/21/2014	Date of Injury:	03/07/2012
Decision Date:	04/16/2015	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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. 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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male injured worker suffered an industrial injury on 3/7/2012. The diagnoses were lumbar spine sprain/strain with herniated nucleus pulposus along with symptoms of lower extremity radiculopathy, cervical sprain/strain and right shoulder sprain/strain. The diagnostic studies were lumbar magnetic resonance imaging and electromyography /nerve conduction velocity. The treatments were electrical stimulation, epidural steroid injections, acupuncture and physical therapy. The treating provider reported right lumbar pain in the mid portion with feeling of tightness along with radiation to the right leg and toes. There was occasional numbness in the little toe and coughing/sneezing caused pain in the right scapular region. On exam, there was tenderness of the lumbar spine muscles and reduced range of motion. .

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE LABORATORIES (CBC, PT, PTT, INR, SMA-7): 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, PREOPERATIVE LAB TESTING, GENERAL.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Low Back chapter: Facet joint medial branch blocks.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Diagnostic Bilateral Medial Branch Block. The treating physician states: Since his major issue is mechanical low back pain, which appears to be secondary in lumbar facets, which has not responded to conservative management, I will proceed with bilateral L4, L5 diagnostic medial branch blocks aimed at bilateral L5-S1 facet joints under fluoroscopy guidance. (49B) The treating physician goes onto state that the patient has left L5 radiculopathy and left lower extremity tingling and numbness. The ODG guidelines state for MBB state that there should be no evidence of radicular pain, spinal stenosis, or previous fusion. In this case, the treating physician has documented that the patient has radicular pain and has diagnosed the patient with L5 radiculopathy. The current request is not medically necessary and the recommendation is for denial.

L4-5, L5-S1 LUMBAR SPINE EPIDURAL STEROID INJECTION BILATERAL
QTY:4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The patient presents with pain affecting the low back with radiation to the right lower extremity. The current request is for L4-5, L5-S1 LUMBAR SPINE EPIDURAL STERIOD INJECTION BILATERAL QTY: 4.00. The requesting treating physician report was not found in the documents provided. The only reports provided for review were from 2013. MTUS Guidelines do recommended ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there were no current medical reports provided, that show findings of radiculopathy. An MRI dated 4/20/12 (85B) shows, Disc desiccation with mild disc space narrowing at L4-5 and minimal disc space narrowing of L5-S1. The Medical reports provided, show the patient has received at least one previous LESI at these levels. The current request does not satisfy the MTUS guidelines as only 2 ESI injections are supported and the physician is asking for an additional 4 injections. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial.