

Case Number:	CM14-0193317		
Date Assigned:	12/01/2014	Date of Injury:	12/03/2013
Decision Date:	01/15/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/19/2014

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 Neurology, has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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 57-year-old male with a history of bilateral back pain with injury date of 12/3/2013 and a mechanism of injury that occurred while the injured worker was pulling and lifting a tow bar and experienced a sudden onset of back pain with twisting motion. There is an MRI L spine dated March, 2013 (no specific numerical date mentioned in the record). This study showed lateral recess stenosis at the L3-L4, L4-L5 and L5-S1 levels with central canal stenosis of 40-50% and with possible impingement and facet arthropathy as well as a herniated disc at L3-L4. There is an operative report dated 8/8/2014 in which the injured worker underwent bilateral L3-L5 medial branch block with fluoroscopic guidance. There is a clinical note dated 8/15/2014 stating that these injections relieved the pain for several hours. It is stated in this clinical note that the pain improved 80% for 2 hours and then decreased to 64% for 2 hours. After 6 hours he had returned to his baseline pain level. The clinical note dated 8/15/2014 notes that the patient has bilateral low back pain at an intensity of 8/10. (Right greater than left) with radiation into the posterior thigh and with paresthesia in bilateral feet. Physical exam shows that the straight leg test was negative bilaterally in that it only elicited back pain and not leg pain. Exam also shows a 3+ out of 5 weakness in the right quadriceps and a 4+ out of 5 weakness in the left quadriceps with hip discomfort on testing. There is also a 4+ out of 5 weakness in the right hamstring due to hip pain. Reflexes are two out of four at the patellar reflex bilaterally and one out of four at the Achilles reflex bilaterally. The Babinski sign is down going bilaterally. There is a clinical note dated 5/2/2014 which documented the patient has had some improvement with bed rest and with use of the TENS unit. There is no specific documentation of response to past conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection - Steroid Bilateral Medial Branch Block at L3-L5 to be done at Ambulatory Surgery Center of Stockton: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

Decision rationale: MTUS chronic pain guidelines recommend epidural steroid treatments for the management of radicular back pain. The guidelines further states that steroid injections can offer short-term relief of pain but should be used in conjunction with other rehabilitation efforts including a home exercise program. In the case detailed above there is no specific documentation of a specific treatment plan with rehabilitation efforts and a specific response to the conservative therapies attempted to offer pain relief for the injured worker. Furthermore the patient has had a prior medial branch block at the L3-L5 levels on 8/8/2014 with only pain relief lasting only a couple of hours Therefore, according to the guidelines and a review of the evidence, a request for injections-steroid to bilateral medial branch block at L3-L5 done at the ambulatory surgery center in Stockton is not medically necessary.

Radiofrequency at S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM guidelines indicate that radiofrequency ablation treatments may provide short term improvement in leg pain and sensory deficits in patients with nerve root compression due to herniated nucleus pulposus. This treatment offers no significant long-term functional benefits nor does it reduce the need for surgery. There is good probable medical literature that shows that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. However similar quality literature does not exist regarding the same procedure in the lumbar region. Furthermore, in the case detailed above, the injured worker has had bilateral steroid injections to medial branch facet blocks at the L3-L5 level but has not had any steroid injection treatments at the S1 level. Therefore, according to the guidelines and a review of the evidence, the request for radiofrequency at the S1 level for the injured worker is not medically necessary.