

Case Number:	CM15-0001515		
Date Assigned:	01/12/2015	Date of Injury:	05/05/2011
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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
 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:

This patient is a 58 year old female with a date of injury of 5/5/11. According to progress report dated 11/18/14, the patient presents with intermittent pain in her lower back that travels to her right buttock and right leg with an aching burning sensation. The patient reports occasional numbness, tingling and weakness in the right leg. She rates her pain as 8/10. On 9/18/14, the patient underwent a "second diagnostic lumbar epidural steroid injection." Review of the subsequent progress report dated 9/29/14 states that the patient reports some decreased pain and improved level of functioning, but the patient continues to experience low back pain with certain activities with radiating pain to the right lower extremity with intermittent numbness and tingling. Examination findings revealed decreased sensation and reflexes in the bilateral lower extremities. At level L4-5, palpation revealed spinal muscle guarding on the right. Palpation also revealed moderate tenderness at the SI on the right and right buttocks. The patient performed bilateral straight leg raise with no complications. MRI of the lumbar spine from 6/2/13 revealed at level L4-L5 posterior annular tear within the intervertebral and 2-3mm posterior disc bulge resulting in mild right neural foraminal narrowing in conjunction with facet joint hypertrophy. The listed diagnoses are: 1. Displacement of lumbar intervertebral disc without myelopathy. 2. Chronic S1 radiculopathy on the right, per NCS. 3. DDD of lumbar spine. 4. Lumbar facet joint syndrome. 5. Lumbar spondylosis. 6. Annular tear at L4-5. 7. Myalgia. The patients work status was deferred to the primary treating physician. The Utilization review denied the requests on 12/5/14. Treatment reports from 5/16/13 through 11/18/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with intermittent low back pain that travels to the right buttock and right leg with occasional numbness and tingling in the right leg. The MRI of the lumbar spine from 6/2/13 revealed at the L4-5 level a posterior annular tear and 2-3mm posterior disc bulge. The current request is for a LUMBAR EPIDURAL STEROID INJECTION L4-L5. The MTUS Guidelines has the following regarding ESI under its chronic pain section page 46 and 47, recommended as an option for treatment for radicular pain defined as pain in the dermatomal distribution with corroborated findings of radiculopathy. Review of the medical file indicates that the patient underwent an L4-5 epidural injection on 9/18/14. Review of the subsequent progress report dated 9/29/14 states that the patient reports some decreased pain and improved level of functioning, but the patient continues to experience low back pain with certain activities with radiating pain to the right lower extremity with intermittent numbness and tingling. The MTUS guidelines only allow repeat injections with documentation of functional improvement and at least 50% pain relief of 6 to 8 weeks. The required documentation has not been provided to allow for a repeat injection. Furthermore, MRI of the lumbar spine revealed only mild disk bulge, which does not corroborate the patient's leg pain. The requested epidural steroid injection IS NOT medically necessary.

Facet joint block L4-L5 right side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation low back chapter regarding Facet joint diagnostic blocks

Decision rationale: The patient presents with intermittent low back pain that travels to the right buttock and right leg with occasional numbness and tingling in the right leg. The current request is for a FACET JOINT BLOCK L4-L5 RIGHT SIDE. ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. This patient presents with radicular symptoms and ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. This request IS NOT medically necessary.

