MAXIMUS Federal Services

Case Number:	CM15-0032040		
Date Assigned:	02/25/2015	Date of Injury:	08/12/2013
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/20/2015

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:

The injured worker is a 34 year old male who sustained an industrial related injury on 8/12/13. The injured worker had complaints of low back pain that radiated to the right lower extremity. Diagnoses included displacement of lumbar intervertebral disc without myelopathy L4-5 and L5-S1, lumbosacral neuritis or radiculitis, other symptoms referable to back: lumbar facet joint syndrome/hypertrophy L4-5 and L5-S1, psychosexual dysfunction, dysthymic disorder, and insomnia. Medications included Tramadol, Omeprazole, Norco, Doral, Diclofenac, and Cyclobenzaprine/Gabapentin topical cream. The treating physician requested authorization for a lumbar epidural steroid injection and facet joint block steroid injection at L3-4, L4-5 and L5-S1. On 2/12/15 the requests were non-certified. Regarding the lumbar epidural steroid injection, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the medical records do not document symptoms, exam findings, and diagnostic findings corresponding to multiple levels. The guidelines do not support a 3 level epidural steroid injection. Therefore the request was non-certified. Regarding the facet joint block injection, the UR physician cited the MTUS guidelines and noted the guidelines do not support facet-related injections in the presence of radicular symptoms. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L3-L4, L4-L5 and L5-S1: 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 ESI Page(s): 46-47.

Decision rationale: According to the 10/23/2014 report, this patient presents with "low back pain that radiates into the right lower extremity". The current request is for lumbar epidural steroid injection at L3-L4, L4-L5 and L5-S1. The request for authorization is not provided for review. The patient's work status is temporarily totally disabled. For lumbar ESI, MTUS guidelines state "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing". The medical reports provided indicate "pain radiates into the right lower extremity, extending to this toes, with numbness and tingling". In this case, while the patient presents with radiating pain down the leg. However, the treating physician does not discuss or provide MRI findings or other studies that would corroborate the patient's symptoms. Without an imaging study or electrodiagnostic study to corroborate radiculopathy the MTUS guideline recommendations cannot be followed. In addition, the request is for 3 level injections, and MTUS does not recommend more than 2 levels of transforaminal approach. The report provided for review does not include any discussion regarding this request nor evidence of previous lumbar epidural steroid injections. The request IS NOT medically necessary.

Facet Joint Block Steroid Injection at L3-L4, L4-L5 and L5-S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter under Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the 10/23/2014 report, this patient presents with "low back pain that radiates into the right lower extremity". The current request is for facet joint block steroid injection at L3-L4, L4-L5 and L5-S1. The request for authorization is not provided for review. The patient's work status is temporarily totally disabled. Regarding medial branch blocks, MTUS does not address it, but ODG low back chapter recommends it for "low-back pain that is non-radicular and at no more than two levels bilaterally". The medical reports provided for review show no evidence of previous lumbar facet joint block injections. In this case, the patient has "tenderness over the L3-4, L4-5 and L5-S1 facet joints" and pain "radiating into the right lower extremity". The request is for 3 level injections and MTUS does not recommend more than 2 levels. The report provided for review does not include any discussion regarding this request; therefore, the request IS NOT medically necessary.