

Case Number:	CM15-0037836		
Date Assigned:	03/06/2015	Date of Injury:	06/11/2014
Decision Date:	04/20/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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 58 year old female, who sustained an industrial injury on June 11, 2014. She has reported back pain. Her diagnoses include sciatica, herniated lumbar 4-5 disc, and lumbar spondylosis with myelopathy. An MRI of the lumbar spine was performed on October 2, 2014. She has been treated with x-rays, pain medication, and non-steroidal anti-inflammatory medication. On January 5, 2015, her treating physician reports increasing back pain since the date of injury. She complains of numbness in the lateral aspect of her thigh when she stands or walks longer than 15 minutes. She is not working due to her place of employment will not take her back on light duty. The physical exam revealed limited lumbar flexion and extension due to pain and spasms. The treatment plan includes the restarting and adjustment of her current pain and non-steroidal anti-inflammatory medications, epidural steroid injection, and medial branch block trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection: Upheld

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

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

Decision rationale: The patient presents with back pain rated at 8/10, with some radiating symptoms. The request is for EPIDURAL STEROID INJECTION. The request for authorization is a copy of a draft and undated. MRI of the lumbar spine, 10/02/14, shows L4-5: there is disc narrowing desiccation and broad-based disc bulging of 4-5mm eccentric to the right, L5-S1: 2-3mm of broad-based disc bulging with the slightly more focal central disc bulge of 4mm. She states that she gets numbness in the right lateral aspect of her thigh if she stands or walks for longer than 15 minutes. She cannot sweep, rake or vacuum. She can stand at the kitchen counter preparing food for up to 10-15 minutes maximum before she is forced to sit down or lay down due to back pain. Patient is to continue home exercises as taught by physical therapy. Patient's medications include Indomethacin and Tramadol. The patient is not working. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Per progress report dated, 01/05/15, treater's reason for the request is based on a pain management consult recommendation of [REDACTED] MRI scan of the lumbar spine, 10/02/14, does show 4mm disc bulges at two levels. However, the patient has mostly back pain with minimal leg symptoms. Radiculopathy is not well documented with lack of dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. Therefore, given the lack of documentation, the request IS NOT medically necessary.

Medial Branch Block trial Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, facet joint diagnostic blocks (injections) section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The patient presents with back pain rated at 8/10. The request is for MEDIAL BRANCH BLOCK TRIAL INJECTIONS. The request for authorization is a copy of a draft and undated. MRI of the lumbar spine, 10/02/14, shows L4-5: there is disc narrowing desiccation and broad-based disc bulging of 4-5mm eccentric to the right, L5-S1: 2-3mm of broad-based disc bulging with the slightly more focal central disc bulge of 4mm. She states that she gets numbness in the right lateral aspect of her thigh if she stands or walks for longer than 15 minutes. She cannot sweep, rake or vacuum. She can stand at the kitchen counter preparing food for up to 10-15 minutes maximum before she is forced to sit down or lay down due to back pain. Patient is to continue home exercises as taught by physical therapy. Patient's medications include Indomethacin and Tramadol. The patient is not working. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections)

Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Per progress report dated, 01/05/15, treater's reason for the request is based on a pain management consult recommendation of [REDACTED], "to do a facet joint medial branch block bilaterally for L1-2, L2-3, L3-4, L4-5 to see if these are pain generators." ODG guidelines limit blocks for patients with non-radicular pain and at no more than two levels. In this case, the treater's request is for 4 levels, which exceeds guidelines. Therefore, the request IS NOT medically necessary.