

Case Number:	CM15-0239906		
Date Assigned:	12/17/2015	Date of Injury:	02/18/2014
Decision Date:	01/21/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 52 year old male with an industrial injury date of 02-18-2014. Medical record review indicates he is being treated for lumbar spondylosis and post laminectomy of left lumbar 4-5 and left lumbar 5-sacral 1. Subjective complaints (10-05-2015) included left buttock pain that has been persistent. Work status (10-05-2015) is documented as regular duty self-modification. Prior diagnostics are documented by the treating physician as MRI (date not available) of lumbar spine that "shows predominantly spondylotic or degenerative changes at lumbar 3-4, lumbar 4-5 and lumbar 5-sacral 1." The MRI does show that the left sided lumbar 4-lumbar 5 and lumbar 5-sacral 1 is well decompressed without significant central or sub articular stenosis. Prior treatment included epidural steroid injection "he has had a response from the injections with intractable hiccups especially after an anesthetic." Other treatment included physical therapy, trigger point injections and medications. Physical examination (10-05-2015) noted pain with range of motion of the lumbar spine. There was a "mild" sensory deficit in the lateral aspect of the calf and the first dorsal interspace and he experienced pain with internal and external rotation of the left hip. The injured worker also had pain with range of motion of the lumbar spine and pain with forward flexion, extension and right and left lateral bend. On 11-23-2015 the request for lumbar epidural steroid injection via caudal approach with both right and left facet injections of lumbar 4-5 and lumbar 5-sacral 1 were denied by utilization 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 via caudal approach with both right and left facet injections of L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint intra-articular injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)- Facet joint diagnostic blocks (injections).

Decision rationale: Lumbar epidural steroid injection via caudal approach with both right and left facet injections of L4-5 and L5-S1 is not medically necessary per the ACOEM and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The MTUS states that for facet injections radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal evidence of physical exam finding of radiculopathy on imaging studies. The guidelines do not support facet and epidural steroid injections simultaneously as epidurals are for radiculopathy and facet injections are not to be given in the presence of radiculopathy. The request for a lumbar epidural steroid injection with facet injections is not medically necessary.