

Case Number:	CM14-0128907		
Date Assigned:	09/12/2014	Date of Injury:	05/23/2000
Decision Date:	10/10/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 51-year-old male with a 5/23/00 date of injury. The patient was injured when he tripped running up stairs. According to a handwritten progress report dated 8/5/14, the patient complained of right thigh "numb" pain. His low back pain was responding to myofascial work but flared with sacroiliac positioning. Objective findings: very limited lumbar spine range of motion in all planes, no current numbness. Diagnostic impression: L4/5, L5/S1 HNP/facet arthropathy. Treatment to date: medication management, activity modification. A UR decision dated 7/24/14 denied the request for L5/S1 ESI and Right L4/5 L5/S1 Facet injection. There is no documented evidence of imaging studies to corroborated radiculopathy in this case prior to approving ESI. Regarding facet injections, there was no documentation of failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5/S1 ESI and right L4/5 L5/S1 Facet Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines MTUS 2009 9792.24.2, Epidural Steroid Injections (ESIs) Page(s):. Decision based on Non-MTUS Citation ODG, Low Back (updated 07/03/14), Facet joint injections, lumbar

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines 9792.23.5 Low Back Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. However, in the reports reviewed, there is no documentation suggestive that the patient has had any recent conservative treatments, such as physical therapy or medications, that have been ineffective. There is also no documentation of any recent diagnostic studies or imaging studies that would corroborate the medical necessity for the requested service. While this patient subjectively complains of "numbness", no current sensory deficits are documented on physical exam. It is unclear what type of pain this patient is having. Epidural injections are only supported for radicular pain and facet blocks are only supported for axial pain. This is a request for both types of injections, which is conflicting. Therefore, the request for L5/S1 ESI and right L4/5 L5/S1 Facet injection is not medically necessary.