

Case Number:	CM14-0130493		
Date Assigned:	08/20/2014	Date of Injury:	12/13/2010
Decision Date:	09/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

The injured worker is a 56-year-old male who reported injuries after falling to the ground when the step beneath him gave way on 12/13/2010. On 06/23/2014, his diagnoses included degenerative disc disease at L5-S1, L5-S1 bilateral neural foraminal narrowing, right shoulder SLAP lesion, degenerative joint disease, and chronic pain. Complaints included neck and back pain, which he rated at 9/10. He also reported severe knee pain but did not put a numerical value on it. He stated that his medications, which included Norco 10/325 mg and Flexeril 10 mg helped to decrease his pain by 30% to 40% and allowed him to increase his walking distance by about 20 minutes. On 06/24/2014, it was noted that he had received 2 epidural injections in his lumbar spine, which only gave him mild relief. He was attempting to continue a home exercise program including walking, but his activity level was limited due to his pain. It was also noted that he had received 25 chiropractic visits, which he reported did help to some degree to decrease his pain and 18 acupuncture visits, which he also felt helped decrease his pain to a mild degree. On 07/11/2014, it was noted that he had undergone a bilateral medial branch block at L4-5 and L5-S1. On 07/25/2014, he reported that he had a decrease in the locking and cramping pain in his lower back following the injection. He rated his pain relief at about 50%, but it lasted only about 3 hours and then he was back to his baseline by the following morning. The treatment plan included a request for epidural steroid injection at C3-4 and a confirmatory medial branch block at bilateral L4-5 and L5-S1. There was no rationale or Request for Authorization included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Confirmatory Medial Branch Block at bilateral L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary last updated 07/03/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks.

Decision rationale: ACOEM Guidelines recommend that invasive techniques including local injections and facet joint injections of cortisone and lidocaine are of questionable merit. Although epidural steroid injections may afford short term improvements in pain and sensory deficits in patients with nerve root compression, medial branch blocks offer no significant long term functional benefit, nor does it reduce the need for surgery. Facet neurotomy should be performed only after appropriate investigation involving controlled medial branch diagnostic blocks. The Official Disability Guidelines do not recommend facet medial branch blocks except as a diagnostic tool stating that no more than 1 set of medial branch diagnostic blocks be performed prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Minimal evidence is found for treatment. There was no mention of facet neurotomy with the request. Relief from his prior MBB lasted only 3 hours with no significant long-term functional gains. The clinical information submitted failed to meet the evidence based guidelines for medial branch blocks. Therefore, this request is not medically necessary.

Intralaminar Epidural Steroid Injection at C3-4 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: MTUS Guidelines may recommend epidural steroid injections as an option for treatment of radicular pain. They can offer short term pain relief, and use should be in conjunction with other rehab efforts including continuing a home exercise program. There is little information on improved function. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The request for cervical epidural steroid injection is not supported by the guidelines. Therefore, this request is not medically necessary.