

Case Number:	CM14-0143967		
Date Assigned:	09/12/2014	Date of Injury:	01/12/2011
Decision Date:	10/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/09/2014

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 Orthopedic Surgery 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 claimant is a 44-year-old who injured the low back in a work related accident on 01/12/11. The records provided for review included the 08/19/14 progress report describing continued low back pain, intermittent in nature that radiates to the bilateral lower extremities including the posterior thigh and calves. It is aggravated by walking. Physical examination showed restricted range of motion at end points, paraspinal tenderness to palpation, 5/5 motor strength to the lower extremities, diminished sensation to the anterior thighs bilaterally, and equal and symmetrical reflexes. Plain film radiographs reviewed at that date showed a spondylolisthesis at L4-5 with previous electrodiagnostic studies from 07/02/14 showing an acute right L5 radiculopathy. Given the claimant's clinical presentation, the recommendation was made for bilateral epidural steroid injections as well as L4-5 facet joint injections, eight additional sessions of physical therapy and medication management. There is no documentation of further imaging for review. There is also no current documentation of prior injection therapy noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Block Injections @ L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Criteria for use of Epidural Steroid Injections (ESI), page 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Facet joint diagnostic blocks (injections)

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for lumbar facet block at L4-5 level would not be indicated. The Official Disability Guidelines recommend that a contraindication of facet joint injections would be the presence of radiculopathy. This individual is noted to have sensory change on examination and positive electrodiagnostic studies demonstrating a right L5 radicular process. The request in this case would thus not be supported as medically necessary.

Bilateral Select Nerve Root Epidural Steroid Injection @ L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

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

Decision rationale: California MTUS Chronic Pain Guidelines would not support bilateral L5-S1 epidural steroid injections. Imaging and testing available for review only is supportive of electrodiagnostic studies showing a right L5 radiculopathy. There is currently no indication of left sided radicular findings on examination, imaging or electrodiagnostic testing. The role of a bilateral injection at the L4-5 level would not be supported.

Physical Therapy Two (2) Times a Week for Four (4) Weeks for the Lumbar Spine:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.