

<b>Case Number:</b>	CM14-0149555		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/08/2003
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 & Rehabilitation 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 underlying date of injury in this case is 02/08/2003. The initial date of the utilization review under appeal is 08/19/2014. The current treating diagnoses include lumbar degenerative disc disease, lumbar facet disease, sciatica, spinal stenosis, L5-S1 radiculopathy, and hypertension. On 07/28/2014, the patient was seen in treating physician followup regarding low back pain and leg pain. On physical examination, the patient had trigger points in the sciatic region bilaterally and in the paraspinals bilaterally. The patient had range of motion which is 50% reduced in the spine and sensation reduced in the feet with a normal motor exam. The treatment plan included a caudal epidural injection of the spine as well as the medial branch block for facet pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A Ultrasound Guided Caudal Epidural Injection for The Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The MTUS Chronic Pain Guidelines section on epidural injections states that radiculopathy needs to be documented by physical exam and corroborated by diagnostic

testing. If prior epidural injections were done, the repeat blocks should be based on continued objective documentation of pain and functional improvement. The medical records are very limited in this case regarding both history and physical exam, and particularly the records do not clearly document symptoms, exam findings, or diagnostic studies to support the presence of radiculopathy. Most notably, the request is nonspecific and does not state the level at which an epidural injection would be requested. For these multiple reasons, this request is not supported by the guidelines. This request is not medically necessary.

## **2 Bilateral Medial Branch Blocks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** This request is not specific as to the location of where the medial branch blocks are requested. The ACOEM Guidelines notes that facet joint injections are of questionable merit. Medial branch blocks are generally indicated for facet-mediated disease, although in this case the clinical history is that of radicular symptoms. Thus, it is unclear why facet-mediated disease would be proposed or at what particular level. For these multiple reasons, this request is nonspecific anatomically and there is insufficient clinical information to support an indication for this request. Overall, this request is not medically necessary.