MAXIMUS Federal Services

Case Number:	CM14-0161846		
Date Assigned:	10/03/2014	Date of Injury:	08/28/2008
Decision Date:	10/29/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 patient is a 55 years old female with an injury date on 08/28/2008. Based on the 08/14/2014 progress report provided by [redacted], the diagnoses are:1. Lumbar spinal stenosis2. Degenerative spondylosis of the lumbar spine associated with spinal stenosis.According to this report, the patient complains of back and radiating leg pain. The patient has had prior ESI, "which helped, but was quite ephemeral or temporary in relieving her symptoms. Overall, she is a little bit better." Physical exam reveals limited lumbar range of motion. There were no other significant findings noted on this report. The utilization review denied the request on 09/09/2014. [redacted] is the requesting provider, and he provided treatment reports from 08/14/2014 to 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection via a caudal approach: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46, 47.

Decision rationale: According to the 08/14/2014 report by [redacted] this patient presents with back and radiating leg pain. The treater is requesting a repeat epidural steroid injection via caudal approach. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing."For repeat injections, MTUS requires "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Review of reports show that the patient had a prior injection with temporary, transient relief. The treater does not discuss MRI findings either. Given that the patient did not experience significant reduction of pain with functional improvement as required by MTUS, a repeat injection would not be indicated. Recommendation is for denial.

Facet injection in the lumbar spine at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, Facet joint signs and symptoms.

Decision rationale: According to the 08/14/2014 report by [redacted] this patient presents with back and radiating leg pain. The treater is requesting facet injection at L4-L5 and L5-S1. ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. Review of reports do not show evidence of prior MBB (medial branch block). However, in this case, the patient has radiating leg pain and physical exam does not indicate the patient has paravertebral facet tenderness with non-radicular symptoms. Therefore, the requested MBB is not in accordance with the ODG Guidelines at this time. Recommendation is for denial.