

Case Number:	CM14-0046356		
Date Assigned:	07/02/2014	Date of Injury:	03/05/2013
Decision Date:	08/04/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 45 year old who was injured on 3/5/2013. The diagnoses are lumbar spondylosis, thoracic spondylosis, cervical spondylosis and facet syndrome. The patient had completed aquatic therapy, TENS trial and PT treatments. The bilateral L4-L5 epidural steroid injections provided 50% improvement in symptoms. The duration of improvement was not documented. On 4/24/2014, The [REDACTED] noted subjective complaints of low back pain. Examination of the motor, sensory, reflexes and straight leg raising test was documented as within normal. MRI of the lumbar spine showed L4-L5 annular tear, L5-S1 small disc bulge. No neural foramina stenosis or nerve root impingement. The patient is utilizing OTC (over-the-counter) Advil medication. A Utilization Review determination was rendered recommending non-certification for Bilateral L4-5, L5-S1 transforaminal epidural steroid injection and bilateral L4- L5, L5-S1 facet joints injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral L4-L5, L5-S1 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS addressed the use of epidural steroid injections for the treatment of lumbar radicular pain that is non-responsive to conservative management with medications, PT and exercise. There are absent subjective, objective and radiological signs to support the presence of lumbar radiculopathy. The tests for motor, sensory, reflexes and straight leg raising was reported as normal on 4/24/2014. The MRI of the lumbar spine did not show neural foramina stenosis or nerve root impingement. The record did not indicate the duration of pain relief from a 2013 lumbar epidural steroid injection. The criteria for bilateral L4-5 and L5- S1 transforaminal epidural steroid injections was not met.

Bilateral L4-L5 and L5-S1 facet joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Pain, Facet Diagnostic Blocks: Therapeutic Blocks.

Decision rationale: The CA MTUS did not address the use of facet injections for the treatment of lumbar pain that is non-responsive to conservative management with medications, PT and exercise. The ODG guideline recommend that diagnostic and therapeutic facet injections can be beneficial for patient with clinical and radiological signs of lumbar facet syndrome when radicular causes of low back pain have been excluded. The record did not show subjective, objective or radiological signs to support the presence of lumbar facet syndrome. The tests for motor, sensory, reflexes and straight leg raising was reported as normal on 4/24/2014. There was no positive facet loading test. The criteria for bilateral L4-5, L5-S1 facet joints injections was not met.