

Case Number:	CM14-0089600		
Date Assigned:	07/23/2014	Date of Injury:	09/16/2003
Decision Date:	10/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 16, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier knee surgery; H-wave device; and topical agents. In a Utilization Review Report dated May 27, 2014, the claims administrator approved a follow-up visit and denied medial branch blocks under ultrasound guidance. Non-MTUS ODG Guidelines were invoked in both cases, despite the fact the MTUS addressed the topics. An epidural steroid injection was also denied. The applicant's attorney subsequently appealed. In a May 16, 2014 progress note, the applicant reported persistent complaints of low back pain. The note was very difficult to follow and mingled old complaints with current complaints. Bilateral knee pain is also reported. The applicant is reportedly using H-wave device, Lidoderm, Lyrica, Nucynta, Topamax, tramadol, and Zanaflex. Multiple palpable tender points were noted with SI joint tenderness also appreciated with limited range of motion noted. The applicant exhibited normal motor exam with apparently reduced sensorium about the foot also noted. A caudal epidural steroid injection and medial branch blocks were concurrently sought owing to the applicant's heightened pain complaints. Lumbar MRI imaging of March 26, 2014 was notable for multilevel degenerative changes, central canal stenosis, and neuroforaminal stenosis, of uncertain clinical significance, apparently most prominent at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection under ultrasound guidance: 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 Page(s): 46.

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injection are recommended as option for the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to qualify the recommendation by noting the radiculopathy must be documented by physical examination and corroborated by imaging studies and electrodiagnostic testing. In this case, there is no clear or compelling radiographic or electrodiagnostic evidence of radiculopathy evident here. Lumbar MRI imaging of March 26, 2014, referenced above, is notable for multilevel degenerative changes with no clear evidence of radiculopathy. It is further noted that the attending provider has seemingly given the applicant several other operating diagnoses, including facetogenic pain/discogenic pain, SI joint pain, and myofascial pain complaints. Therefore, the request is not medically necessary.

Bilateral medial branch blocks under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, page 301 does establish a limited role for diagnostic medial branch blocks as a precursor to the pursuit of possible facet neurotomy procedures in applicants with suspected discogenic or facetogenic pain, in this case, however, there is no clear or compelling evidence of discogenic or facetogenic pain. The attending provider has seemingly implied, suggested, or stated that the applicant has numerous possible pain generators/potential diagnoses, including sacroiliac joint pain, discogenic pain, radicular pain, myofascial pain, etc. Therefore, the request is not medically necessary.