

Case Number:	CM15-0090980		
Date Assigned:	05/15/2015	Date of Injury:	01/01/2010
Decision Date:	06/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/11/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 52 year old female, who sustained an industrial injury on 1/1/10. She reported neck and low back pain. The injured worker was diagnosed as having cervical disc displacement, cervical spine pain, brachial neuritis or radiculitis, displacement of lumbar intervertebral disc, lumbar radiculitis, idiopathic scoliosis, post laminectomy syndrome of cervical spine, myositis, spasm of muscle and low back pain. Treatment to date has included lumbar epidural steroid injection, oral medications including opioids, physical therapy and home exercise program. Lumbar (MRI) magnetic resonance imaging performed in 2012 revealed mild multilevel degenerative disc disease with left sided disc protrusion at L5-S1 and cervical (MRI) magnetic resonance imaging revealed disc degeneration worst at C5-6 with severe neural foramen narrowing on the right. Currently, the injured worker complains of severe increase to neck and back pain with no relief with Oxycodone. She states the low back pain radiates down legs and legs feel weak at times. Physical exam noted tenderness to palpation of trapezius muscle, limited range of motion in all directions secondary to pain and muscle spasm and tenderness to palpation over low lumbar facets, paraspinals and both SI joints. A request for authorization was submitted for repeat Lumbar 4-5 ESI with sedation and bilateral lumbar facet joint nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar L4-5 Epidural Steroid Injection with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on 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. There is no documentation of improvement from the previous LESI. Repeat Lumbar L4-5 Epidural Steroid Injection with sedation is not medically necessary.

Left Lumbar Facet Blocks L4-5 and L5-S1 under sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Left Lumbar Facet Blocks L4-5 and L5-S1 under sedation are not medically necessary.

Right Lumbar Facet Blocks L4-5 and L5-S1 under sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Right Lumbar Facet Blocks L4-5 and L5-S1 under sedation are not medically necessary.