

Case Number:	CM13-0016241		
Date Assigned:	11/06/2013	Date of Injury:	08/24/2012
Decision Date:	02/06/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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.

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 claimant is a 51 year old male presenting with chronic neck and low back pain, following a work related injury on 8/24/2012. On 10/23/2013, the claimant reported worsening neck pain and improving low back pain. The pain is exacerbated by reaching, grabbing, gripping and repetitive movements in the upper extremities, as well as walking, bending, stopping and lifting in the lower extremities. The physical exam was significant for pain at the spinous process of C5, C6, and C7, pain /myospasms to palpation of the bilateral paraspinal, and trapezius, limited range of motion, positive compression test in the cervical spine without radiation to the upper extremity, tenderness in the lower paraspinal, spinous processes and SI joints. An electromyography/nerve conduction velocity (EMG/NCV) of the upper and lower extremities was normal. An X-ray of the right wrist was significant for cysts at the base of the trapezium. An MRI of the lumbar spine was significant for L5-S1 disc level, with degenerative dehiscence and a 3 mm posterior disc protrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac, tear of the annulus of the posterior nucleus pulposus, and mild bony hypertrophy of the articular facets. The claimant has tried acupuncture. The claimant was diagnosed with De Quervain Tenosynovitis, mild first carpometacarpal joint arthritis, cervical sprain/strain, cervical radiculitis, right shoulder impingement/tendonitis/lumbar sprain/strain, lumbar radiculitis, psyche and sleep issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural decompression neuroplasty/epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 and 74. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain, Lumbosacral nerve root decompression.

Decision rationale: The Chronic Pain Guidelines indicate, "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimant does not exhibit radiculopathy on an EMG/NCV. Additionally, there is no documentation of failed conservative therapy including a trial of non-steroidal anti-inflammatory drugs (NSAIDs) and physical therapy. The guidelines also indicate that an epidural steroid injection is not recommended. The Official Disability Guidelines indicate that percutaneous discectomy is not recommended because proof of its effectiveness has not been demonstrated. The guidelines state that nucleoplasty is not recommended. Given the extremely low level of evidence available for Nucleoplasty (Coblation Nucleoplasty), and the lack of clinical trials, it is recommended that this procedure be regarded as experimental at this time. Caudal epidural decompression neuroplasty is considered percutaneous decompression.

Diagnostic lumbar facet injections at L3, L4, and L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back Chapter.

Decision rationale: The Official Disability Guidelines indicate that the use of diagnostic facet blocks require the clinical presentation be consistent with facet pain. Treatment is also limited to patients with low back pain that is non-radicular and had no more than 2 levels bilaterally. The guidelines recommend documentation of failed conservative therapy, including home exercise physical therapy and non-steroidal anti-inflammatory drug (NSAID) is required at least 4-6 weeks prior to the diagnostic facet block, no more than 2 facet joint levels are injected at one session, and no more than 0.5 ml of injectate was given to each joint. No pain medication from home should be taken for at least four hours prior to the diagnostic block and for 4-6 hours

afterward. An opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may be considered to indicate the result of the diagnostic block, and should only be given in cases of extreme anxiety. The patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedure is anticipated; diagnostic facet block should not be performed in patients who have had a previous fusion procedure at the plan injection level. In this case the requested procedure is not medically necessary as it does not meet guideline criteria. There is lack of documentation of facet mediated pain followed failed conservative therapy for this pain including a trial of NSAIDs and physical therapy for at least 4-6 weeks.