

Case Number:	CM13-0019815		
Date Assigned:	03/12/2014	Date of Injury:	05/16/2007
Decision Date:	04/17/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/03/2013

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, has a subspecialty in Internal 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:

According to the records made available for review, this is a 57-year-old male with a 5/16/07 date of injury, status post L4-5 and L5-S1 decompression 2010. At the time (8/5/13) of request for authorization for bilateral selective nerve root block L5 and L3-L4, L4-L5, and L5-S1 facet blocks, there is documentation of subjective (pain down the side of the right leg, and back of the right leg, and the back of the left leg) and objective ("coldness" in both feet, burning pain in the feet, knee/ankle reflexes 1+) findings, imaging findings (L/S MRI (6/14/12) report revealed L4-5 3-4 mm posterior disc protrusion with encroachment on the thecal sac and foramina left greater than right, compromise of the exiting nerve roots bilaterally but not on the traversing nerve roots), current diagnoses (lumbar facet arthropathy and some lumbar radiculopathy), and treatment to date (activity modification, acupuncture, PT, ESIs, and medications). Regarding the requested bilateral selective nerve root block L5, there is no documentation of objective findings consistent with radiculopathy, at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response with previous ESIs. Regarding the requested L3-L4, L4-L5, and L5-S1 facet blocks, there is no documentation of low-back pain that is non-radicular at no more than two levels bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SELECTIVE NERVE ROOT BLOCK - L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, EPIDURAL STEROID INJECTIONS (ESIS).

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Additionally, ODG identifies that it is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks, or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. Within the medical information available for review, there is documentation of a diagnosis of lumbar radiculopathy. In Final Determination Letter for IMR Case Number C [REDACTED] 4 addition, there is documentation of previous ESI that provided 40% relief. However, there is no documentation of objective findings consistent with radiculopathy. In addition, there is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response with previous ESIs. In addition, given the associated request for L3-L4, L4-L5, and L5-S1 facet blocks, there is no documentation that epidural blocks will not be performed on the same day of treatment as facet blocks. Therefore, based on guidelines and a review of the evidence, the request for bilateral selective nerve root block L5 is not medically necessary.

L3-L4, L4-L5, AND L5-S1 FACET BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, MEDIAL BRANCH BLOCKS (MBBS), EPIDURAL STEROID INJECTIONS (ESIS), THERAPEUTIC.

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of facet block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet block. Additionally, ODG identifies that it is currently not recommended to perform facet blocks on the same day of treatment as epidural blocks or sacroiliac blocks, or lumbar sympathetic blocks or trigger point

injections as this may lead to improper diagnosis or unnecessary treatment. Within the medical information available for review, there is documentation of a diagnosis of lumbar facet arthropathy. In addition, there is documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. However, given documentation of a diagnosis of lumbar radiculopathy, there is no documentation of low-back pain that is non-radicular. In addition, given that the request is for L3-L4, L4-L5, and L5-S1 facet blocks, there is no documentation that no more than 2 joint levels are to be injected in one session. Lastly, given the associated request for bilateral selective nerve root block L5, evidence based guidelines does not recommend to perform facet blocks on the same day of treatment as epidural blocks. Therefore, based on guidelines and a review of the evidence, the request for L3-L4, L4-L5, and L5-S1 facet blocks is not medically necessary.