

Case Number:	CM13-0026272		
Date Assigned:	11/22/2013	Date of Injury:	02/14/2013
Decision Date:	01/21/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/18/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 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. 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 claimant states she was employed as a bus driver. In 1995, she suffered an employment related back injury. She was injured while unloading a large disabled student in a wheelchair. This injury resulted in her being out of work for approximately two years (due to the orthopedic component) and for several additional years due to the psychiatric component (severe depression). No surgery was required. She received psychiatric treatment from [REDACTED], lasting 2-3 years, and she was placed on social security psychiatric disability until 2004. After she returned to work, she changed positions to traverse the console next to the drivers seat and stumbled and twisted, as she held on to the seat. She experienced right groin pain that radiated down her right leg and also up her spine. The claimant continued to drive the bus on her route and completed her workday, despite persisting symptoms. The claimant was referred to [REDACTED], who diagnosed an abnormal MRI and took her out of work. A hip fracture also was diagnosed. [REDACTED] performed right hip surgery. A plate with screws was inserted.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral diagnostic and therapeutic facet injections at L5-S1: 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

Decision rationale: According to ACOEM guidelines, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients. There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet presenting in the transitional phase between acute and chronic pain neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. According to the Official Disability Guidelines, facet joint injections are not recommended as the diagnostic procedure. Confirmatory blocks, while recommended for research studies, do not appear to be cost effective or to prevent the incidence of a false positive response to the neurotomy procedure itself.

bilateral epidural steroid injections at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Chronic Pain Medical Treatment Guidelines stipulate that the purpose of Epidural Steroid Injections (ESI) 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 offers no significant long-term functional benefit. MTUS further stated that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Lower back Complaints page 300 stated that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery.