

<b>Case Number:</b>	CM13-0028394		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 is a 54 year old female cash clerk/relief driver who states that on 4/30/2012 while performing her normal job duties she injured her back. The patient states that she was trying to maneuver a dolly and has having problems. She reached over the dolly to pick up a box of coins and she heard a popping in her right lower back. The initial diagnoses were a lumbosacral strain with radiculitis, RIO herniated disc. She was started on conservative care and placed on modified duties. She has been suffering from back pain since that time despite therapeutics. She also complains of difficulty falling asleep due to pain, waking during the night due to pain, symptoms of anxiety and depression due to pain and loss of work, fluctuating weight pattern since injury and decreased energy levels. She states her pain is aggravated by prolonged sitting, prolonged standing, walking on uneven surfaces, repetitive bending, repetitive neck bending, repetitive stooping, repetitive kneeling, repetitive squatting, repetitive twisting, repetitive lifting, repetitive carrying, pushing, pulling and lifting heavy objects. The patient states that repetitive lifting of any weight over 20 pounds aggravates her pain. She states that lifting heavy objects over 20 pounds aggravates her pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) diagnostic thoracic epidural steroid injection (T5-6 & T10-11): 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:** In this case, physicians failed to document evidence of thoracic radiculopathy, a difficult diagnosis requiring measured, structured diagnostic processes. In the presence of some evidence of thoracic radiculopathy via neurologic findings on physical examination or positive results on MRI, needle EMG, CT or other imaging techniques, a case could be made for approval. However, current guidelines do not allow diagnostic selective root block to confirm or exclude a clinically suspected thoracic dermatome lesion without documentation by physical examination and corroboration by imaging and/or electrodiagnostic testing. (MTUS page 46 of 127). Therefore we find that the request for diagnostic epidural thoracic level steroid injection is found to be not medically appropriate and necessary.

**One (1) thoracic facet block at medial branch (T4-5, T5-6, T9-10 & T10-11):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 39-40 , 46.

**Decision rationale:** Guidelines regarding epidural steroid injections indicate that current research does not support a recommendation of more than two epidural steroid injections. The CA-MTUS (Effective July 18, 2009) page 39 to 40 of 127, section on CRPS, sympathetic and epidural blocks: They are recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. It should be noted that sympathetic blocks are not specific for chronic relapsing pain syndrome (CRPS). Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade. (Varrassi, 2006) (Cepeda, 2005) (Hartrick, 2004) (Grabow, 2005) (Cepeda, 2002) (Forouzanfar, 2002) (Sharma, 2006) Therefore the request thoracic facet joint blocks in this case is not medically necessary and appropriate.

**One (1) rhizotomy (with possible additional procedures):** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Invasive Techniques Section, pages 300-30, the Official Disability Guidelines (ODG), Low Back Section and the Chronic Pain Medical Treatment Guidelines, pages 30-31

**Decision rationale:** According to ACOEM guidelines, page 300-301 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: Low Back Chapter Facet joint injections, lumbar See Facet joint injections, multiple series; Facet joint diagnostic blocks (injections); Facet joint intra-articular injections (therapeutic blocks); Facet joint medial branch blocks (therapeutic injections); Facet joint pain, signs & symptoms; & Facet joint radiofrequency neurotomy. Also see Neck Chapter and Pain Chapter. Diagnostic blocks: One set of medial branch blocks is recommended prior to a neurotomy. Intra-articular blocks 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. See Facet joint diagnostic blocks (injections).

**One (1) internal medicine clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 127

**Decision rationale:** The MTUS ACOEM guidelines state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Given the absence of certification of the procedure for which the internal medicine consultation is requested and the implied elimination of said procedure, a pre-op clearance consultation is neither medically necessary nor appropriate.

**One (1) psychological evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Section Page(s): 100-101.

**Decision rationale:** Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. After two months of symptomatology, psychological evaluations are indicated for patients who manifest mild to moderate symptoms of depression, anxiety and coping difficulties. This patient qualifies for psychological evaluation according to those criteria. However, since the request in this case was made solely for a preoperative psychological assessment to gauge the ability of this patient to tolerate a procedure which was contemplated, and in light of the fact that the procedure has been disallowed and will therefore presumably not be performed, the request for psychological evaluation is deemed not appropriate and not medically necessary.