MAXIMUS Federal Services

Case Number:	CM13-0030954		
Date Assigned:	12/04/2013	Date of Injury:	06/09/2010
Decision Date:	03/11/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

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.

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 patient is a 58 year old male heat treater who injured his low back on 6/9/10. He was opening a counter weight door, pushing and pulling baskets out of a furnace, at the time of injury. An MRI of the lumbar spine dated 4/5/11 showed mild scoliosis with spondylosis, as well as a 5mm posterior leftward protrusion at L4-5 with a posterior annular tear indenting the thecal sac greater on the left with moderately severe left greater than right central canal stenosis and possible impingement on the traversing L5-S1 nerves. At L5-S1, there was a 2-3mm bulge greater on the left with a 4mm annular tear in a left paramedian location. The central canal and foramina were otherwise maintained. An MRI of the lumbar spine dated 3/25/13 showed the following: (1) A focal central disc protrusion compresses the spinal cord at T11-12. The disc measures 4.4mm in neutral, 4mm in extension, and 1.9mm in flexion; (2) A diffuse disc bulge compresses the thecal sac and bilateral transiting nerve roots at L1-2. The disc measures 1.9mm in neutral, 3mm in extension, and 2.7mm in flexion; (3) A diffuse disc bulge compresses the thecal sac and bilateral transiting root nerves with the bilateral neural foramina stenosis with encroachment to the bilateral exiting root nerve at L2-3. The disc measures 1.9mm in neutral, 3mm in extension, and 2.7mm in flexion; (4) A diffuse disc bulge compresses the thecal sac and bilateral transiting nerve roots with the bilateral neural foramina stenosis and with compression to the bilateral exiting nerve root at L3-4. The disc measures 3mm in neutral, 4mm in extension, and 3mm in flexion; (5) A diffuse disc bulge compresses the thecal sac and bilateral transiting nerve roots with spinal canal and bilateral foramina stenosis, and with compression to the bilateral exiting nerve root at L4-5. The disc measures 5.5mm in neutral, 5.5mm in extension, and 5.5mm in flexion; (6) A diffuse disc effaces the thecal sac and bilateral transiting nerve roots with the bilateral neural foramina stenosis and with compression to the bilateral exiting nerve roots at L5-S1. There was annular fissure/tear facet arthrosis. The disc measures 4.2mm in neutral, 4.2 mm in extension, and 3.8mm in flexion; (7) Decreased flexion and extension range

of motion; (8) Multilevel degenerative disc disease; (9) Multilevel disc desiccation/dehydration; (10) Schmorl's node at L2-3; and (11) Left convexity of the lumbar spine. In 2011, the patient underwent two lumbar epidural steroid injections. On 8/3/11, the patient underwent lumbar spine surgery. The 7/2/13 note by [redacted] detailed a retrospective report for therapeutic epidural administration of Kenalog, Lidocaine, and Wydase for analgesia. It also noted a therapeutic percutaneous epidural decompression neuroplasty of the lumbar nerve roots for analgesia bilaterally at T11, T12, L1, L2, L3, L4, L5, S1, S2, and S3. Included were a lumbar epidurogram, multiplanar fluoroscopy, and interpretation of a hard copy of radiography. The 8/28/13 note by [redacted] states that the patient underwent a second diagnostic lumbar epidural steroid injection. The patient reports a reduction in pain from 8/10 (constant) to 0-1/10. The lowest level of pain lasted for five days. The procedure helped to restore functional ability to the low back, and reduced the patient's leg pain by half. The patient stated that the procedure improved his ability to perform his activities of daily living. The pain frequency was slightly less than before the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

medial branch facet joint block at the right L1-L2: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to ACOEM guidelines, invasive techniques such as 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. The Official Disability Guidelines states that only one set of diagnostic medial branch blocks is required before neurotomy, and that confirmatory blocks do not appear to be cost effective. The ODG also states that repeat therapeutic injections can only be authorized in the instance of previous pain relief of 50+% for a duration of at least six weeks. If this occurs, the next step is a medial branch diagnostic block, and, if positive, neurotomy. There is no peer reviewed literature to support a series of therapeutic facet blocks. Therefore, the request is not medically necessary.

medial branch facet joint block at the left L1-L2 is not: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to ACOEM guidelines, invasive techniques such as 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. The Official Disability Guidelines states that only one set of diagnostic medial branch blocks is required before neurotomy, and that confirmatory blocks do not appear to be cost effective. The ODG also states that repeat therapeutic injections can only be authorized in the instance of previous pain relief of 50+% for a duration of at least six weeks. If this occurs, the next step is a medial branch diagnostic block, and, if positive, neurotomy. There is no peer reviewed literature to support a series of therapeutic facet blocks. Therefore, the request is not medically necessary.

medial branch facet joint block at the right L4-L5: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to ACOEM guidelines, invasive techniques such as 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. The Official Disability Guidelines states that only one set of diagnostic medial branch blocks is required before neurotomy, and that confirmatory blocks do not appear to be cost effective. The ODG also states that repeat therapeutic injections can only be authorized in the instance of previous pain relief of 50+% for a duration of at least six weeks. If this occurs, the next step is a medial branch diagnostic block, and, if positive, neurotomy. There is no peer reviewed literature to support a series of therapeutic facet blocks. Therefore, the request is not medically necessary.

medial branch facet joint block at the left L4-L5: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to ACOEM guidelines, invasive techniques such as 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. The Official Disability Guidelines states that only one set of diagnostic medial branch blocks is required before neurotomy, and that confirmatory blocks do not appear to be cost effective. The ODG also states that repeat therapeutic injections can only be authorized in the instance of previous pain relief of 50+% for a duration of at least six weeks. If this occurs, the next step is a medial branch diagnostic block, and, if positive, neurotomy. There is no peer reviewed literature to support a series of therapeutic facet blocks. Therefore, the request is not medically necessary.

medial branch facet joint block at the right 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)

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

Decision rationale: According to ACOEM guidelines, invasive techniques such as 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. The Official Disability Guidelines states that only one set of diagnostic medial branch blocks is required before neurotomy, and that confirmatory blocks do not appear to be cost effective. The ODG also states that repeat therapeutic injections can only be authorized in the instance of previous pain relief of 50+% for a duration of at least six weeks. If this occurs, the next step is a medial branch diagnostic block, and, if positive, neurotomy. There is no peer reviewed literature to support a series of therapeutic facet blocks. Therefore, the request is not medically necessary.

medial branch facet joint block at the left 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)

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

Decision rationale: According to ACOEM guidelines, invasive techniques such as 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. The Official Disability Guidelines states that only one set of diagnostic medial branch blocks is required before neurotomy, and that confirmatory blocks do not appear to be cost effective. The ODG also states that repeat therapeutic injections can only be authorized in the instance of previous pain relief of 50+% for a duration of at least six weeks. If this occurs, the next step is a medial branch diagnostic block, and, if positive, neurotomy. There is no peer reviewed literature to support a series of therapeutic facet blocks. Therefore, the request is not medically necessary.

medical clearance from internal medicine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

psychological evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

purchase of a lumbar traction unit: 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 Official Disability Guidelines (ODG)

Decision rationale: The California MTUS is mute on this topic, thus the Official Disability Guidelines were used. The ODG states that traction is not recommended for the low back, in either the lumbar or thoracic regions. Therefore, the request is not medically necessary.

lumbar LSO: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 300-301.

Decision rationale: The California MTUS states that the use of back belts as lumbar supports should be avoided because they have been shown to have little to no benefit, thereby providing only a false sense of security. There is also no evidence for the efficacy of lumbar supports in preventing back pain in industry. Therefore, the request is not medically necessary.

purchase of a cold therapy unit: 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 Official Disability Guidelines (ODG)

Decision rationale: The California MTUS is mute on this topic, thus the Official Disability Guidelines were used instead. The ODG states that cold therapy units are recommended as an option after surgery, but not for non-surgical treatment. Since this cold unit is being recommended for non-surgical treatment, the request is not medically necessary.