

Case Number:	CM13-0032583		
Date Assigned:	12/11/2013	Date of Injury:	07/15/2011
Decision Date:	05/15/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 59-year-old male who reported an injury on 07/15/2011. The mechanism of injury was not provided for review. The injured worker's treatment history included cervical epidural steroid injections, surgical intervention for the cervical spine, lumbar traction, physical therapy, chiropractic care, and multiple medications. The injured worker underwent an MRI of the lumbar spine dated 01/10/2013. It was documented that the injured worker had multilevel disc bulging with a grade 1 spondylolisthesis of the L4 on the L5 with disc bulging at the L4-5 indenting on the right side of the thecal sac. The injured worker was evaluated on 08/29/2013. It was documented that the injured worker had continued neck and lumbar pain complaints rated at a 6/10. Physical findings of the lumbar spine revealed tenderness to palpation at the L3-4, L4-5, and L5-S1 paraspinal musculature bilaterally with positive facet testing and tenderness to palpation of the sciatic nerve bilaterally. The injured worker had restricted lumbar range of motion secondary to pain. The injured worker's diagnoses included displacement of the cervical intervertebral disc without myelopathy, displacement of the lumbar intervertebral disc without myelopathy, degeneration of the thoracic or thoracolumbar intervertebral disc at the L3-4, internal derangement of the right knee, spondylolysis with myelopathy of the lumbar region, abnormal weight gain, brachial neuritis or radiculitis, cervical facet joint syndrome, lumbar facet joint syndrome, insomnia related to chronic pain, dysthymic disorder, obesity, grade 1 spondylolisthesis. The injured worker's treatment plan included diagnostic epidural steroid injection at the L1-2, L2-3, L3-4, and L4-5 in combination with a facet block at the L2-3, L3-4, and L4-5. The request was for an Internal Medicine specialist to provide medical clearance and a psychological consultation prior to the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1ST DIAGNOSTIC LUMBAR EPIDURAL STEROID INJECTION (LESI) AT L1-2, L2-3, L3-4, L4-5 AT THE SAME TIME AS FACET JOINT BLOCKS WITH INTERNAL MEDICINE AND PSYCHOLOGICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG, LOW BACK CHAPTER: ESI AND FACET JOINT BLOCKS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON EPIDURAL STEROID INJECTIONS Page(s): 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, PRE-OPERATIVE LAB TESTING, FACET INJECTIONS (DIAGNOSTIC).

Decision rationale: California Medical Treatment and Utilization Schedule recommends epidural steroid injections for injured workers who have evidence of radiculopathy upon physical examination that is corroborated by an imaging study and has failed to respond to conservative treatments. The clinical documentation submitted for review does not provide any evidence of radiculopathy upon physical examination. Additionally, California Medical Treatment and Utilization Schedule do not recommend more than 2 levels be injected with a transforaminal approach or more than 1 level be injected with an intraforaminal approach. The request, as it is submitted, does not clearly identify the approach; however, the request is for multiple levels, which would not be supported by guideline recommendations with either approach. Additionally, the need for preoperative testing and psychological clearance for a low-risk ambulatory service is not supported by Official Disability Guidelines. Additionally, Official Disability Guidelines do not recommend epidural steroid injections or facet joint blocks be performed in the same procedure. Therefore, the requested first diagnostic epidural steroid injection at the L1-2, L2-3, L3-4, L4-5 at the same time as facet joint blocks with Internal Medicine and psychological clearance is not medically necessary or appropriate.

DECISION FOR LUMBAR FACET JOINTS AT THE MEDICAL BRANCH L2-3, L3-4, L4-5, BILATERALLY AT THE SAME TIME AS LESI WITH INTERNAL MEDICINE AND PSYCHOLOGICAL CLEARANCE; IF SUCCESSFUL WILL PROCEED WITH RHIZOTOMY: Upheld

Claims Administrator 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: CRITERIA FOR USE OF FACET JOINT RADIOFREQUENCY NEUROTOMY.

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 CHAPTER, PRE-OPERATIVE TESTING, FACET INJECTIONS (DIAGNOSTIC).

Decision rationale: California Medical Treatment and Utilization Schedule does not specifically address medial branch blocks. Official Disability Guidelines do not recommend medial branch blocks at more than 2 levels. The request is for 3 levels of medial branch blocks. Additionally, Official Disability Guidelines do not support facet joint blocks being administered on the same day as epidural steroid injections, as this can lead to an unclear diagnosis. Also, Official Disability Guidelines do not support the need for medical clearance for low risk ambulatory interventions. The California Medical Treatment and Utilization Schedule does recommend rhizotomies based on a positive response to diagnostic facet injections. However, as the injured worker is not a candidate for medial branch blocks at this time, the determination of an appropriate rhizotomy cannot be made. As such, the requested lumbar facet joints at the medial branch L2-3, L3-4, L4-5, bilaterally at the same time as LESI with internal medicine and psychological clearance; if successful will proceed with rhizotomy is not medically necessary or appropriate.