

<b>Case Number:</b>	CM13-0035770		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Orthopedic Surgery 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:

The claimant is a 33-year-old male who sustained a vocational injury in a slip and fall while working as a driver/warehouse worker on April 20, 2011. The medical records provided for review document current diagnoses of displacement of cervical intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, spinal stenosis, lumbar facet joint hypertrophy, psychosexual dysfunction, disc neck disorder, insomnia and an annular tear at the L4-5 level. The claimant previously had two lumbar epidural steroid injections in 2012, and there is no documentation of previous pertinent surgical intervention. The office note dated September 23, 2013, noted complaints of neck, upper back, and low back pain, difficulty sleeping, sexual dysfunction, and anxiety and depression. Examination of the cervical spine showed triceps, deep tendon reflexes were absent bilaterally, as well as the biceps and brachioradialis. The claimant had positive Kemp's test, facet test, and heel walk (L5) positive on both sides. The toe walk was negative on both sides. The Bechterew's test and Valsalva were positive on the right and negative on the left. Extradural involvement/sciatic tension was positive on the right and negative on the left. Straight leg raised test for pain along the sciatic distribution was positive on the right and negative on the left. Reflexes for the knees were diminished on the right and absent on the left. Reflexes for the ankles were diminished bilaterally. There was motor deficit of the hip flexors on the right and complete active range of motion against gravity with some resistance corresponding to the L2 myotome. There was active movement against gravity with full resistance of the hip flexors on the left corresponding to the L 2 myotome. There was moderate paraspinal tenderness on the right at L4-5 and L5-S1 level. There was moderate tenderness at the S1 level on the right. There was moderate tenderness of the sciatic nerve on the right. Lumbar range of motion is reduced in all planes. The report of the MRI of the lumbar spine dated May 17, 2012 showed a 4.5-millimeter disc at the L4-5 level, which had right posterior effacement on the nucleus

pulposus indenting the anterior portion of the lumbosacral sac. The neural foramina appeared patent. There was severe right and mild left bony hypertrophy of the articular facets. The lateral recessed stenosis was present. Ligament flavum was within normal limits. Increased signal was seen posteriorly with findings consistent with an annular tear. At the L5-S1 level there was a 2-millimeter posterior disc protrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac. The neural foramina appeared patent. There was mild bony hypertrophy of the articular facets. Lateral recessed stenosis was present bilaterally. Ligament flavum was within normal limits. An EMG and nerve conduction studies were performed on August 31, 2012 and showed evidence of mild left peroneal neuropathy with no evidence of radiculopathy. Documentation suggests the claimant has undergone physical therapy, medication management, and performed heat and cold treatment. The request is for an L 4 -5 and L 5-S 1 epidural steroid injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Epidural Steroid Injections (L4-5 & L5-S1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** Documentation suggests the claimant underwent epidural steroid injections back in 2012; however, there is no documentation to determine that the claimant had at least 50% of reduction of pain associated with reduction medication and an increase in activity for at least six to eight weeks following the epidural steroid injections as recommended by the Chronic Pain Guidelines. There is a lack of documentation that the claimant has recently failed lumbar treatment that includes home exercise program, formal physical therapy, anti-inflammatories and muscle relaxants prior to considering and recommending epidural steroid injections. In addition, diagnostic testing in the form of an MRI fails to confirm that there is neural compression at the requested level for the epidural steroid injection and electromyography (EMG) failed to confirm lower extremity radiculopathy. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request is not medically necessary.

#### **Bilateral Lumbar Facet Blocks (L3-L4 & L5-S1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter: Facet joint diagnostic blocks (injections).

**Decision rationale:** Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for facet injections cannot be recommended as medically necessary. The ACOEM Guidelines do not recommend facet injections as treatment for lumbar back pain. There is a lack of documentation suggesting that the claimant has had recent continuous exhaustive conservative treatment, including home exercise program, formal physical therapy, anti-inflammatories, activity modification, and muscle relaxants prior to recommending and considering bilateral lumbar facet blocks. The request also does not specify whether or not these blocks are for diagnostic or therapeutic purposes and in a diagnostic setting, it should be performed when a surgical procedure is anticipated which is not noted in the documentation presented for review. In the therapeutic phase of medial facet blocks, they should only be performed at one intra-articular level; currently the request is for multiple levels, which would not meet criteria for therapeutic facet blocks. Therefore, based on the documentation presented for review and in accordance with the ACOEM and Official Disability Guidelines, the request is not medically necessary.

**Pre-Operative Medical 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) ; Chapter 7, Independent Medical Examination and Consultations, page 127.

**Decision rationale:** The request for the L 3- 4 and L 4 - L 5 bilateral lumbar facet blocks cannot be considered medically necessary. Therefore, the request for preoperative medical clearance is also not recommended as medically necessary.

**Cold Therapy Unit (rental or purchase):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-289.

**Decision rationale:** The request for the L 3- 4 and L 4 - L 5 bilateral lumbar facet blocks cannot be considered medically necessary. Therefore, the request for a cold therapy unit is also not recommended as medically necessary.

**Cervical Pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter - Pillow.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for a cervical pillow is not medically necessary. Currently, there is no documentation that the claimant has tried using regular pillow/s without resolution of symptoms. There is no indication that changing pillows affect the claimant's symptoms and sleep. Therefore, the request is not medically necessary.

**Psychological Evaluation prior to injections:** 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); Chapter 7 - Independent Medical Examination and Consultations, page 127.

**Decision rationale:** The request for the L 3- 4 and L 4 - L 5 bilateral lumbar facet blocks cannot be considered medically necessary. Therefore, the request for a psychological evaluation prior to the injections is not recommended as medically necessary.