

Case Number:	CM13-0039809		
Date Assigned:	12/20/2013	Date of Injury:	07/31/2009
Decision Date:	05/15/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 58-year-old female who reported an injury on April 20, 2010. The mechanism of injury was not provided. The documentation of September 11, 2013 revealed the injured worker had complaints of ongoing neck and low back pain rated an 8/10. The injured worker indicated with her medications, the pain level dropped to a 4/10 on the pain scale. Objective findings indicated the injured worker had tenderness to palpation of the cervical and lumbar spine midline. The range of motion of the cervical and lumbar spine was limited in all planes and worse in extension. The injured worker's gait was markedly antalgic and it was indicated she was using a cane for ambulation. The sensation of the upper extremities was intact. The injured worker had limited range of motion of the cervical spine and lumbar spine. The injured worker had tenderness throughout the lumbar region. The sensation of the upper extremities was intact. The injured worker had decreased sensation of the left L4 dermatome and bilateral EHL, INV, PF, EV strength was 4+/5. The diagnoses included multilevel HNP of the cervical spine with moderate to severe stenosis, cervical radiculopathy and myelopathy, HNP of the lumbar spine with stenosis, lumbar radiculopathy, chronic superior endplate compression T4 intervertebral body, status post right wrist fracture and left foot arthralgia. The treatment plan included interlaminar epidural steroid injections at C5 through C7 and an transforaminal epidural steroid injection bilateral L5-S1 and S1 nerve roots as well as a facet block at C4 through C7 bilaterally and a facet block at L4 through S1 per the QME.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRALAMINAR ESI (EPIDURAL STEROID INJECTIONS) FOR C5-C6 AND C6-C7:
Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that epidural steroid injections are appropriate treatment for radiculopathy. There must be documentation of objective findings of radiculopathy upon physical examination, there must be corroboration by EMG/NCV (electromyography/nerve conduction velocity) or MRI findings, and the injured worker must initially be unresponsive to conservative treatment. The injections should not be performed on the same day as a Facet injections. The clinical documentation submitted for review indicated the injured worker had sensation intact to the upper extremities. There was a lack of documentation indicating the injured worker had objective findings of radiculopathy upon physical examination. There was no MRI or EMG/NCV study submitted with the request to corroborate the request. There was a lack of documentation indicating the conservative care that had been undertaken. The request for an intralaminar ESI for C5-C6 and C6-C7 is not medically necessary or appropriate.

TRANSFORAMINAL ESI BILATERAL L5-S1: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections when an injured worker has objective radiculopathy findings upon physical examination that are corroborated by imaging studies and/or electrodiagnostic testing. The pain must be initially unresponsive to conservative treatment. The injections should not be performed on the same day as a Facet injections. The injections should not be performed on the same day as a Facet injections. The clinical documentation submitted for review indicated the injured worker had decreased sensation of the left L4 dermatome and bilateral EHL, INV, PF, EV 4+/5 strength. However, there was a lack of documentation indicating the injured worker had MRI and/or electrodiagnostic testing to corroborate the objective findings. There was a lack of documentation indicating the injured worker's pain was initially unresponsive to conservative treatment and what that conservative treatment was. The request for a transforaminal bilateral ESI at L5-S1 is not medically necessary or appropriate.

FACET BLOCKS AT C4-5,C5-6 AND C6-C7 BILATERALLY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Block Section

Decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines indicate that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. As such, application of secondary guidelines were sought. According to the Official Disability Guidelines criteria for the use of diagnostic blocks for facet nerve pain include "clinical presentation should be consistent with facet joint pain, signs and symptoms which include unilateral pain that does not radiate past the shoulder, objective findings of axial neck pain (either with no radiation or rarely past the shoulders), tenderness to palpation in the paravertebral areas (over the facet region); a decreased range of motion (particularly with extension and rotation) and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. There should be one set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should be approximately two hours for Lidocaine...limited to no more than two levels bilaterally. Additionally, there should be documentation of failure of conservative treatment (including home exercise, PT [physical therapy] and NSAIDs [non-steroidal anti-inflammatory drugs]) prior to the procedure for at least 4-6 weeks and the use of IV (intravenous) sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety...Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated...Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level...not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. The clinical documentation submitted for review indicated the injured worker had tenderness to palpation in the paravertebral area over the facet region and a normal sensory examination. However, there was a lack of documentation of objective findings of axial neck pain. There was a lack of documentation indicating the plan if the fact block was found to be positive. Additionally, there was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. There was a lack of documentation indicating a necessity to perform a facet and epidural steroid injection on the same date. The request for facet blocks at C4-C5, C5-C6, and C6-C7 are not medically necessary or appropriate.

FACET BLOCKS AT L4-L5 AND 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

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, Medial Branch Block Section

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. The Low Back Complaints Chapter of the ACOEM Practice Guidelines do not address the criteria for Medial Branch Blocks. As such, there is the application of the Official Disability Guidelines, which indicate that facet joint medial branch blocks, as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, the patient have facet-mediated pain, which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Injections are not recommended to perform on the same day of treatment as epidural steroid injections as this may lead to improper diagnosis or unnecessary treatment.