

Case Number:	CM13-0047149		
Date Assigned:	12/27/2013	Date of Injury:	02/13/2012
Decision Date:	02/28/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/05/2013

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 Oklahoma and Texas. 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 patient is a 53-year-old female who reported an injury on 02/13/2012. The mechanism of injury was not provided. The patient was noted to undergo an epidural steroid injection and lumbar facet joint block on 07/29/2013. The patient was noted to report a reduction in pain from 9 to 0 on a numeric rating scale of 0 to 10, and the lowest level of pain was ongoing. It further indicated the procedure helped the patient to restore the ability of function to the low back. The procedure was noted to help reduce the patient's left leg pain completely for 2 weeks before returning. The procedure improved the patient's ability to perform the activities of daily living, and the pain frequency was much less than before. The Bechterew's test, Valsalva, Kemp's test/facet and Milgram test were positive bilaterally. The patient was noted to have a motor deficit at L2 on the left. The patient was noted to have moderate tenderness at the sciatic nerve on the left. There was noted to be no tenderness of the facet joints bilaterally and no paraspinal or spinal tenderness from L1 through S1. The patient's diagnoses were noted to be displacement of the lumbar intervertebral disc without myelopathy, Schmorl's nodes at L4-5 and L5-S1, degeneration of lumbar or lumbosacral intervertebral disc, nabothian cyst, thoracic or lumbosacral neuritis or radiculitis unspecified, and lumbar facet joint hypertrophy. The request was made for a lumbar epidural steroid injection at L4 through S1 and bilateral lumbar facet joint blocks at L3 through S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L3-4, L4-5 and L5-SI: 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 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Epidural Injections, Criteria #10.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend for repeat epidural steroid injection, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. As the request was made concurrently for a facet injection, secondary guidelines were sought regarding both injections on the same day. Official Disability Guidelines indicates it is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks as this may lead to improper diagnosis or unnecessary treatment. The clinical documentation submitted for review indicated the patient had a decrease in pain 5 days after the procedure and a decrease in radicular pain after the first injection. There was a lack of documented objective functional improvement. The clinical documentation submitted for review failed to indicate the patient had myotomal or dermatomal findings to support radiculopathy. Additionally, as the injections were given on the same day, per the submitted documentation, there is a lack of documentation indicating whether the patient's associated pain relief was due to the facet injection or the epidural steroid injection. There is a lack of documentation indicating the necessity for both injections on the same day. Given the above and the lack of documented objective pain and functional improvement including associated reduction of medication use for 6 to 8 weeks, the request for LESI, L3-4, L4-5, and L5-S1 is not medically necessary.

Bilateral Lumbar Facet Joint Blocks, at L3-4, L4-5 and L5-SI: 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), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Medial Branch Block

Decision rationale: ACOEM 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. As such, there was 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. It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. The clinical documentation submitted for review indicated that the patient had increased range of motion, increased activities of daily living, and short-term pain reduction, and 100% left lower extremity radicular pain relief that lasted 2 weeks before returning. However, it was documented the patient had both the facet joint injection and the epidural steroid injection on the same date. As such, there is an inability to support which injection was beneficial. Additionally, the patient was noted to have no tenderness at the facet joints bilaterally upon examination or tenderness at the paraspinals or spinal level. The patient was noted to have moderate tenderness at the sciatic nerve on the left. There was a lack of facet joint pain signs, and symptoms. There is a lack of documentation indicating the necessity for a second diagnostic treatment. As per Official Disability Guidelines, it is recommended no more than 1 set of medial branch diagnostic blocks are performed prior to a facet neurotomy. Given the above and the lack of documentation, the request for bilateral lumbar facet joint blocks at L3-4, L4-5, and L5-S1 is not medically necessary. Additionally, no more than 2 facet joint levels are to be injected in 1 session.