

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0053073 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/15/2003 |
| Decision Date: | 03/21/2014 | UR Denial Date: | 10/14/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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 Anesthesiology, has a subspecialty Pain Medicine and is licensed to practice in Florida. 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 73-year-old male who reported an injury on January 15, 2003. The mechanism of injury occurred from lifting a reel of cables. The patient's diagnoses included degeneration of lumbar or lumbosacral intervertebral disc and spinal stenosis of the lumbar region. The most recent examination revealed that the patient was status post posterior fusion. The patient had a nerve root block injection at L4 one and a half years prior to the note of June 13, 2013. The patient indicated that the injection gave him 60% to 70% pain relief, and the patient would like to try it again. The physical examination on September 12, 2013 revealed that the patient had a flexion of 40 degrees, extension of 10 degrees, lateral bend of 35 degrees and lateral rotation of 45 degrees. The patient had a positive straight leg raise on the right side. The patient had decreased sensation at L5 and a little bit at the L4 nerve root. The patient had no pedal pulse abnormality but had pedal edema of 1+. The treatment plan included bilateral lumbar caudal epidural injections at L4-5 and bilateral lumbar caudal facet block injections at L4-5 with fluoro followed by physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Caudal Epidural Injections at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The California MTUS Guidelines recommend a repeat epidural steroid injection with objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for up to 6 weeks. The clinical documentation submitted for review indicated that the patient had an epidural steroid injection at L4. The patient indicated that he had 60% to 70% pain relief. However, there was a lack of documented objective pain decrease per the visual analogue scale (VAS) score and documentation of functional improvement as well as a quantitative reduction of medication use for 6 to 8 weeks. Given the above, the request for bilateral caudal epidural injections at L4-5 is not medically necessary.

Bilateral Lumbar Caudal Facet Block Injections at L4-5 with fluoro: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back Chapter, Facet Joint Diagnostic Injection

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

Decision rationale: The 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. The ACOEM 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"). The clinical documentation submitted for review failed to indicate that the patient had facet-mediated pain. There was a lack of documentation of tenderness to palpation over the paravertebral area of the facet region and a lack of a normal sensory examination as the patient was noted to have decreased sensation at the L5 and L4 nerve root distributions, and there was the lack of a normal straight leg raise exam. Given the above, the request for bilateral lumbar caudal facet block injections at L4-5 with fluoro is not medically necessary.

Post Injection Physical Therapy, two (2) times per week for four (4) weeks: 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), Treatment Index, 11th Edition (Web), 2013, Low Back Chapter, Physical Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: As the epidural steroid injection is not medically necessary, the request for post injection physical therapy two (2) times per week for four (4) weeks is not medically necessary.