

<b>Case Number:</b>	CM13-0057693		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 34-year-old female who reported injury on 01/11/2013. The mechanism of injury was noted to be the patient was carrying 2 big, heavy lights when she tripped over a piece of trash and fell to her knees on the concrete. The patient was noted to have immediate pain to her neck, left shoulder, lower back, and knees. The patient had an MRI on 07/20/2013 which revealed at L5-S1 dehiscence of the nucleus pulposus with a 4.5 mm upward protrusion of the nucleus pulposus, indenting the anterior portion of the mid lumbosacral sac. The neural foramina appeared patent. There was a minimal decrease in the AP sagittal diameter of the lumbosacral canal exacerbated by thickening of the ligamentum flavum and the mild bony hypertrophy of the articular facets. The documentation submitted for review with the request indicated that the patient had pain that was reduced with rest, activity modification, heat, and cold. The patient was undergoing physiotherapy 2 times a week that was temporarily helpful and the patient was undergoing chiropractic treatment 2 times a week that was temporarily helpful as well as acupuncture once a week that was temporarily helpful. The patient's dermatomal examination was within normal limits. The patient had a motor deficit of the quadriceps on the left and complete active range of motion against gravity at L4. The patient had moderate paraspinal tenderness bilaterally, left greater than right at L5-S1. At L5-S1, the patient was noted to have moderate spinal tenderness. At L5-S1 the patient had moderate tenderness to the facet joints bilaterally, left greater than right. The patient had moderate tenderness at S1 bilaterally, right greater than left. Palpation revealed moderate tenderness at the sciatic nerve bilaterally, right greater than left. The patient's diagnoses were noted to be displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, and lumbar facet joint hypertrophy. The treatment plan was noted to include a first diagnostic lumbar epidural steroid injection at L5-S1. The physician indicated the patient had

focal dermatomal radicular pain distribution and the patient was unresponsive to conservative treatment at home. The conservative treatment included home exercises, PT, and NSAIDs for 4 to 6 weeks prior to the examination. It was noted the patient would continue a home exercise program. The patient complained of pain in the low back traveling to her hip, pain in the thighs, and pain in the knees. Additionally, the physician recommended a treatment of a lumbar facet joint block at L4-5 and L5-S1 bilaterally. The physician indicated the procedures should be during the same visit to decrease anesthetic exposure to the patient, to decrease travel time for the patient who lives more than 20 miles/60 minutes from the surgery center, and to decrease an overall hardship on the patient by decreasing the number of times the patient must travel and be anesthetized. Further in the treatment plan, the physician indicated the patient should have an internal medicine specialist prior to proceeding with the procedure and a psychological evaluation. The physician indicated the patient should continue undergoing physiotherapy, chiropractic treatment, and acupuncture.

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

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

**LESI at L5-S1:** 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 Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend an epidural steroid injection when a patient has documented objective physical findings on examination that is corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment. The MRI dated 07/20/2013 revealed that the patient had a minimal decrease in the AP sagittal diameter of the lumbosacral canal. There was no mention of impingement on the exiting nerve root. Additionally, the patient's objective findings were at the level of L4 myotome on the left. The request as submitted failed to indicate the laterality for the lumbar epidural steroid injection. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for the first diagnostic LESI at L5-S1 is not medically necessary.

**Lumbar facet joint block at the medial branch L4-5 and L5-S1 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 (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** The California 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. Clinical documentation submitted for review indicated the patient had a normal sensory examination and tenderness to palpation over the paravertebral area. There was lack of documentation of absence of radiculopathy findings, as the patient was noted to have radicular findings at the level of L4 on the left. Additionally, there was lack of documentation indicating the patient's response to a straight leg raise. An epidural steroid injection should not be performed on the same day of treatment as a facet block, as there would be an inability to indicate which treatment had produced pain relief. Given the above, the request for a lumbar facet joint block at the medial branch L4-5 and L5-S1 bilaterally is not medically necessary.

**Internal medicine 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 cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Psychological evaluation prior to injections:**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.