MAXIMUS Federal Services

Case Number:	CM13-0064492		
Date Assigned:	01/03/2014	Date of Injury:	06/17/2011
Decision Date:	05/12/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/11/2013

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 Anesthesiology, 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 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 50-year-old female who reported injury on 06/17/2011. The mechanism of injury was a slip and fall. The documentation of 11/08/2013 revealed the injured worker had 2 epidural steroid injections which helped for a day. It was indicated the injured worker did not have a facet injection or a transforaminal epidural steroid injection. Physical examination revealed the injured worker was tender from the upper lumbar region down to the greater right than left to palpation. The injured worker had decreased range of motion. The injured worker had an abnormal heel walk, single squat and rise, and toe walk calf. The injured worker could not squat. The injured worker had decreased sensation to pinprick in the bilateral L4-S1 region. The reflexes at the bilateral ankles were absent. The injured worker had a straight leg raise that was positive at 20 degrees on the right, and positive at 0 degrees on the left. The diagnoses included degenerative disc disease of the lumbar spine, lumbar back pain with radiculopathy, chronic pain syndrome, chronic insomnia, idiopathic scoliosis, and chronic depression and anxiety. The treatment plan included the use of analgesics, short and long-acting, adjunctive medication, therapeutic injections, exercise, distractions, and the treatment of mood and sleep problems for chronic pain. It was indicated the injured worker had significant pain, degenerative disc, and facet disease with constant radical symptoms; and decreasing function compounded on top of a prior scoliosis, which was asymptomatic. The plan included medications, aquatic therapy, and a repeat epidural steroid injection with a simultaneous facet injection at the level of L4-5 and L5-S1 to have the injured worker's pain reduced so she could move better and have more activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION TRANSFORAMINAL L4-5, L5-S1: 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: California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of objective pain relief, objective functional improvement, including at least 50% pain relief with associated reduction of medication usage for 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had previously had epidural steroid injections and there was a lack of documentation of the above. It was indicated the injured worker had benefit for 1 day. The request as submitted failed to indicate the laterality for the requested service. Given the above, the request for epidural steroid injection, transforaminal L4-5 and L5-S1 is not medically necessary.

LUMBAR FACET INJECTION L4-S1 BILATERAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Facet joint diagnostic blocks (injections).

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: 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 the injured worker had a normal sensory examination, the absence of radicular findings, and a normal straight leg raise examination. There was a lack of documentation indicating if the diagnostic block was positive,

what the plan would be. Given the above, the request for lumbar facet injection L4-S1, bilateral, is not medically necessary. It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks, which may lead to improper diagnosis and unnecessary treatment.