

Case Number:	CM14-0001978		
Date Assigned:	01/24/2014	Date of Injury:	05/19/2009
Decision Date:	06/06/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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, has a subspecialty in Pain Management and is licensed to practice in 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 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 66 year old male with an injury reported on 05/19/2009. The mechanism of injury was described an industrial related injury. The clinical note dated 11/01/2013, reported the injured worker complained of neck pain that traveled to bilateral shoulders, described as aching and rated a 5/10 on numerical rating scale. The injured worker also complained of constant pain in his lower back that traveled to his right lower extremity, describing the pain as sharp and rated pain a 6/10. The injured worker also complained of frequent pain to his left ankle, described as aching and rated a 6/10. Per examination documentation of the cervical spine's range of motion with flexion was to 50 degrees, extension was to 55 degrees. Cervical spine rotation to the right was to 70 degrees, and the left rotation was to 75 degrees. Per examination of the lumbar spine's range of motion, flexion was to 55 degrees, extension was to 20 degrees and lateral bending to the right was to 15 degrees, left to 20 degrees. The injured worker's diagnoses included displacement of lumbar intervertebral disc without myelopathy: L2-3 to L5-S1; spinal stenosis of unspecified region: L4-5 and L5-S1. The request for authorization was submitted on 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC LUMBAR EPIDURAL STEROID INJECTION L2-L3, L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: The request for diagnostic lumbar epidural steroid injection L2-L3,L3-L4, L5-S1. The injured worker complained of constant pain in his lower back that traveled to his right lower extremity, describing the pain as sharp and rated pain a 6/10. According to the California MTUS guidelines on Epidural steroid injections (ESIs) they are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, Non-Steroidal Anti-Inflammatory Drugs (NSAID) and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. No more than two nerve root levels should be injected using transforaminal blocks. Per the clinical it was noted that the injured worker had a positive bechterew's test, positive Valsalva Kemp's test, and also straight leg raise test. It was also noted right S1 radiculopathy per bilateral lower extremity Electromyography (EMG) report; however, the EMG report was not provided in clinical documentation. It was also noted that the injured worker's pain is reduced with rest and activity modification, also with prescribed medication of zanaflex and norco. There is a lack of documentation of what modified activity consist of, any previous physical therapy, and how the activity is effective to the injured worker's pain. Also, there is a lack of clinical documentation of pain medication effectiveness, longevity of utilization, frequency, and if the injured worker has been prescribed a NSAID. Moreover, the request exceeds the recommended two nerve root level for injection. Therefore, the request for diagnostic lumbar epidural steroid injection L2-L3,L3-L4, L5-S1 is not medically necessary and appropriate.

LUMBAR FACET JOINT BLOCK AT THE MEDIAL BRANCH L3-L4, L4-L5, L5-S1 BILATERALLY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for lumbar facet joint block at the medial branch L3-L4, L4-L5,L5-S1. The injured worker also complained of constant pain in his lower back that traveled to his right lower extremity, describing the pain as sharp and rated pain a 6/10. According to the American College of Occupational and Environmental Medicine (ACOEM) invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable

merit. According to the Official Disability Guidelines clinical presentation should be consistent with facet joint pain, signs & symptoms. One set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should last at least 2 hours for Lidocaine. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, Physical Therapy (PT) and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 facet joint levels are injected in one session. The clinical information describes the injured worker had experienced cervical and lumbar discomfort that was also noted as radicular pain. It was also noted that the injured worker's pain is reduced with rest and activity modification, also with prescribed medication of zanaflex and norco. There is a lack of documentation of what modified activity consist of, any previous physical therapy, and how the activity is effective to the injured worker's pain. Also, there is a lack of clinical documentation of pain medication effectiveness, longevity of utilization, frequency, and if the injured worker has been prescribed a NSAID. Moreover, the request exceeds the recommended two facet joint levels for injection. Therefore, the request for lumbar facet joint block at the medial branch L3-L4, L4-L5, L5-S1 bilaterally is not medically necessary and appropriate.

MRI WITHOUT CONTRAST OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI without contrast of the cervical spine. The injured worker complained of neck pain that traveled to bilateral shoulders, described as aching and rated a 5/10 on numerical rating scale. Per examination documentation of the cervical spine's range of motion with flexion was to 50 degrees, extension was to 55 degrees. Cervical spine rotation to the right was to 70 degrees, and the left rotation was to 75 degrees. American College of Occupational and Environmental Medicine Guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause. According to the Official Disability Guidelines indications the following criteria must be met for a MRI (magnetic resonance imaging). Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Per clinical information provided the injured worker had no loss of sensibility, abnormal sensation, or pain to corresponding levels of the C5, C6, C7, and C8. There is a lack of documentation of what modified activity consist of, any previous physical therapy, and how the activity is effective to the injured worker's pain. C3-C4, C4-C5, C5-C6, C6-C7, and C7-T1 there was moderate tenderness; however, there is a lack of clinical evidence of cervical radiculopathy noted. Also, there is a lack of clinical documentation of pain medication effectiveness, longevity of utilization, frequency, and if the injured worker had utilized NSAIDs. Therefore, the request for MRI without contrast of the cervical spine is not medically necessary and appropriate.

