

<b>Case Number:</b>	CM14-0005146		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	12/09/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 41-year-old male with a work injury dated December 9, 2012. His diagnoses include cervical muscle spasm ,cervical musculoligamentous injury ,cervical radiculopathy rule out cervical disc protrusion ,lumbar disc protrusion), lumbar facet hypertrophy ,lumbar myospasm ,lumbar pain ,lumbar radiculopathy ,lumbar sprain / strain ,lumbar stenosis ,disruptions of 24-hour sleep-wake cycle ,insomnia with sleep apnea ,loss of sleep and sleep disturbance. There is a February 18, 2014 primary treating physician progress report that states that the patient complains of intermittent to frequent moderate dull, achy neck pain, numbness, tingling and weakness. The patient complains of constant moderate dull, achy, sharp low back pain, aggravated by walking, bending and squatting. The patient has completed 3rd LESI (lumbar epidural steroid injection) which helped minimally. There is complaint of loss of sleep due to pain. Patient suffers from depression, anxiety and irritability. On exam there is decreased cervical and lumbar range of motion testing. There is +3 tenderness to palpation of the cervical paravertebral muscles. There is muscle spasm of the cervical paravertebral muscles. Cervical Compression is positive. Shoulder Depression is positive bilaterally. There is trigger points of paraspinals present at the lumbar spine. The ranges of motion are decreased and painful. There is +3 tenderness to palpation of the lumbar paravertebral muscles and right SI joint. There is muscle spasm of the lumbar paravertebral muscles. Kemp's causes pain bilaterally. Sitting Straight Leg Raise causes pain on the right. A December 20, 2013 document states that on December 16, 2013, the patient underwent his first diagnostic lumbar epidural steroid injection and a lumbar facet joint block at the medial branch. The patient experienced a reduction in pain that began immediately after the procedure. He reports a reduction in pain from 8 to 0 on a numeric rating scale of 0 to 10 and the lowest level of pain lasted for 3 days. The procedure

helped to restore ability to function to the low-back. The procedure helped reduce the patient's bilateral leg pain completely for 3 days. The patient states the procedure improved his ability to perform the activities of daily living. The pain frequency is slightly less than before. On examination at levels L3-L4, L4-L5 and L5-S1, palpation reveals slight paraspinal tenderness on the right. At levels L3-L4, L4-L5 and L5-S 1, palpation reveals slight spinal tenderness. At levels L3-L4, L4-L5 and L5-S 1, palpation reveals slight tenderness at the facet joints on the right. Palpation reveals no tenderness at the SI bilaterally. Palpation reveals no tenderness at the sciatic nerve bilaterally. The patient has shown adequate response to the procedure, with 100% pain reduction lasting three days. The patient was reminded to continue with home exercise and other physiotherapies as recommended by the PTP. The purpose of epidural steroid injections is to reduce pain and inflammation, restore range of motion and facilitate progress in more active treatment programs. The patient's axial pain relief was 100% lasting three days. The provider recommends the patient undergo his second diagnostic lumbar epidural steroid injection at disc levels L4-L5. He states that after the first lumbar epidural steroid injection, the patient had a decrease in pain within 5 days after the procedure, as well as a decrease in the radicular pain. Also, during the first epidural steroid injection, the epidurogram revealed evidence of scar tissue in the epidural space. This diagnostic study is evidence to support radiculopathy. The provider then states that after review of the available diagnostic studies, the patient's complaints and his physical examination, his findings are documentation of lumbar pain that is non-radicular; decrease in lateral bending an exam; tenderness to palpation over the facet/paravertebral areas and the pa

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

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

#### **SECOND DIAGNOSTIC LUMBAR EPIDURAL STEROID INJECTION AT DISC LEVELS L4-L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ESI,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back-epidural steroid injections

**Decision rationale:** Second diagnostic lumbar epidural steroid injection at L4-5 is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The guidelines do not recommend a second injection without adequate response to a first injection. The documentation states that the patient had 100% pain reduction for 3 days after the diagnostic injection. The ODG guidelines state that 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 documentation indicates that the patient had his first facet and epidural block on the same day therefore his results are not accurate as to which injection gave him relief. The request for a second diagnostic lumbar ESI at disc levels L4-L5 is not medically necessary or appropriate.

**LUMBAR FACET JOINT BLOCK AT THE MEDIAL BRANCH LEVEL L3-L4 AND L4-L5 BILATERALLY: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 301.

**Decision rationale:** The request for a lumbar facet joint block at the L3-L4 and L4-L5 bilaterally is not medically necessary. The ACOEM guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that diagnostic facet joint injections should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The documentation submitted reveals that the provider states that the patient's response to the diagnostic epidural injection is diagnostic study is evidence to support radiculopathy. The request for a lumbar facet joint block at the medical branch level L3-L4 and L4-L5 bilaterally is not medically necessary or appropriate.

**CLEARANCE FROM AN INTERNAL MEDICINE SPECIALIST PRIOR TO THE PROCEDURE: 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: 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.