

<b>Case Number:</b>	CM14-0012026		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 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 39-year-old female who reported an injury on 11/28/2012. The mechanism of injury was cumulative trauma. The injured worker underwent two (2) diagnostic epidural steroid injections. The injured worker underwent prior bilateral medial branch blocks at L4-5 and L5-S1. The most recent lumbar facet injection was given on 12/16/2013. The documentation of 12/30/2013 revealed that the injured worker was taking medications and utilizing a transcutaneous electrical nerve stimulation (TENS) unit. The injured worker had a positive Kemp's facet loading test on the left. The straight leg raise test revealed that the injured worker had pain along a sciatic distribution, which suggested to be likely caused by a herniated disc and was negative bilaterally. The injured worker had a sensory deficit in the anterior lateral thigh, anterior knee, and medial leg and foot on the left with distorted superficial tactile sensibility with a corresponding L4 dermatome. There was a motor deficit on the plantar flexion on the left corresponding to the S1 dermatome. There was no tenderness to palpation in the facet joints bilaterally. There was no paraspinal tenderness bilaterally. The diagnoses included displacement of the lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, lumbar facet joint syndrome and insomnia as well as an annular tear at the level of L5-S1. The documentation indicated that the injured worker had a reduction in pain that began fourteen (14) days after the procedure of 12/16/2013. The reduction in pain was from 6/10 to 7/10 to 5/10 and lasted for two (2) days. The injured worker indicated the procedure improved the injured worker's ability to perform the activities of daily living. The physician documentation indicated that the injured worker had both no paraspinal tenderness, spinal tenderness or tenderness to the facet joints, sacroiliac (SI) joint or sciatic nerve bilaterally and the physician documented the injured worker had tenderness to palpation over the facet/paravertebral areas as noted in the examination. The treatment plan included a therapeutic

lumbar epidural steroid injection at L5-S1 and a medial branch block. It was indicated if there was successful axial pain relief of greater than 70% for up to four (4) hours there would be a plan to proceed with a rhizotomy. Additionally, the physician indicated the injured worker should have an internal medicine specialist evaluation and a psychological evaluation to determine if the injured worker was sufficiently stable and secure emotionally to undergo the procedure. The injured worker would continue undergoing physical therapy, chiropractic treatment and acupuncture treatment.

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

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

#### **LESI (LUMBAR EPIDURAL STEROID INJECTION) AT L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural Steroid injection.

**Decision rationale:** The Chronic Pain Guidelines indicate that for an epidural steroid injection, radiculopathy must be documented by physical examination and the physician should indicate that this would be a therapeutic block. As such, repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for six to eight (6 to 8) weeks with a general recommendation of no more than four (4) blocks per region per year. The clinical documentation submitted for review indicated the injured worker had two (2) diagnostic blocks. The injured worker had objective findings upon physical examination to support a repeat injection. However, there was a lack of documentation indicating the injured worker had at least 50% pain relief with associated reduction of medication use for six to eight (6 to 8) weeks and had documented objective functional improvement. Additionally, the request was made concurrently with a request for a bilateral lumbar facet joint block. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that an epidural steroid injection is not to be performed on the same day as a trigger point injection, sacroiliac joint injection, facet injection or medial branch block. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for LESI (lumbar epidural steroid injection) at L5-S1 is not medically necessary. The request as submitted failed to indicate the laterality for the requested procedure.

#### **BILATERAL LUMBAR FACET JOINT BLOCK AT L4-5 AND L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Premium.

**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, Facet Injections

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The clinical documentation indicated that the injured worker had previously undergone a diagnostic block. Per the Official Disability Guidelines, one (1) set of diagnostic medial branch blocks is required with a response of 70% and is limited to no more than two (2) levels bilaterally and they recommend no more than one (1) set of medial branch diagnostic blocks prior to a facet neurotomy. The clinical documentation submitted for review indicated the injured worker had a prior lumbar facet injection on 12/16/2013. The clinical documentation indicated the injured worker had increased range of motion, improved activities of daily living and short term pain reduction with greater than 70% axial pain relief. However, as the injured worker had undergone one (1) prior facet injection, there was a lack of documentation indicating a necessity for a repeat injection. Additionally, this request was concurrently reviewed with an epidural steroid injection. There was a lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations that do not support the performance of an epidural steroid injection and lumbar facet injection on the same day. Given the above, the request for bilateral lumbar facet joint block at L4-5 and L5-S1 is not medically necessary.

**INTERNAL MEDICINE CLEARANCE 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 CLEARANCE BEFORE INJECTIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

**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.