MAXIMUS Federal Services

Case Number:	CM14-0016809		
Date Assigned:	04/11/2014	Date of Injury:	08/07/2012
Decision Date:	05/28/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/10/2014

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 30 year old female who had a date of work injury 8/6/12. The patient complains of cervical spine, lumbar spine, right shoulder, right ankle, and right foot symptomatology. Her diagnoses include: 1. Cervical strain 2. Mild impingement, right shoulder 3. Fracture of right ankle with syndesmotic screw. 4. Lower back pain with bilateral lower extremity radiculopathy.5. Spinal Stenosis - lumbar spine 6.Rule out lumbar facet joint syndrome/hypertrophy 6. Bilateral neuroforaminal stenosis at L4-5, L5-S 1.There are requests for a second lumbar epidural steroid injection at L4-5 and L5-S1and a lumbar facet joint block at the medial branch L4-5 and L5-S1 bilaterally . There is a CT of the lumbar spine dated 7/30/13 which reveals: 1. Constipation. 2. Spondylotic changes 3. L4-5: 3-4mm posterior disc bulge resulting in mild to moderate bilateral neural foraminal narrowing and moderate canal stenosis.4. L5-S1: 5-6mm posterior disc bulge resulting in severe bilateral neural foraminal narrowing. Moderate canal stenosis is seen. On 12/19/13 patient underwent a therapeutic percutaneous epidural decompression neuroplasty of the lumbar nerve roots for analgesia bilaterally at L4, LS, and S1. There is a 1/6/14 primary treating physician report which states that the patient complains of constant pain in her lower back traveling to her bilateral buttocks and bilateral legs (right more than left) posteriorly to the plantar portion of the feet which she describes as aching, sharp and shooting. She rates her pain as 7 on a numeric rating scale of 0-10 with 0 being no pain and 10 being most severe pain. The patient states that she experiences occasional numbness and tingling in her right leg. The patient reports that she experiences occasional weakness in her legs. The patient states that medication does not help reduce her pain. The patient complains of sleep difficulties, anxiety, low energy, weight gain since injury, decreased muscle mass and strength, numbness with pain described above and tingling with pain. Her pain is aggravated with activity.

Kemp's Test/Facet is positive on both sides. Toe Walk (SI) is negative on both sides. Heel Walk (L5) is positive on the right and negative on the left. Reflexes for the knees are normal bilaterally. Reflexes for the ankles are normal bilaterally The patient has no loss of sensibility, abnormal sensation, or pain in the hip and groin on the right or left corresponding to the Ll, L2, L3, L4 or left L5 or left S1, left S2 dermatomes. The patient has a noted sensory deficit of the right L5, S1, S2 dermatomes. There is weakness in the right L2, L3, L4 myotomes on the right. . There is motor deficit of the extensor hallicus longus on the right and complete active range of motion against gravity with some resistance corresponding to the L5 myotome. The left L2-S1 myotomes have full strength. The right S1 myotomes have full strength. The patient is unable to dorsiflex right ankle status post right ankle surgery due to hardware. At levels L3-14, L4-L5, L5-Sl and SI, palpation reveals paraspinal tenderness, muscle guarding and spasms bilaterally. Heel Walk test on right performed with pain due to status post right ankle surgery with subsequent hardware. The Kemp's test produced more pain on the right than left. The patient performed the bilateral straight leg raise at 45 degrees with referred pain to the lower back and right buttock to posterior thigh. The treatment plan includes recommending the patient undergo her second diagnostic lumbar epidural steroid at disc levels L4-L5 and L5-SI. The provider 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 epiduroqram revealed evidence of scar tissue in the epidural space. This diagnostic study is evidence to support radiculopathy. The provider is also recommend ing that the patient undergo a lumbar facet joint block at the medial branch at levels L4-L5 and L5-S1 bilaterally. If there is successful axial pain relief of greater than 70% for up to four hours, then the provider plans to proceed with a rhizotomy at the levels that meet these criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND LUMBAR EPIDURAL STEROID INJECTION AT L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: A second lumbar epidural steroid injection at L4-5 and L5-S1 is not medically necessary per the MTUS guidelines. Per guidelines the epidural steroid injections should reveal continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation does not indicate that patient has had pain relief for 6-8 weeks. Therefore, the request for a second lumbar epidural steroid injection at L4-5 and L5-S1 is not medically necessary.

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 300-301.

Decision rationale: Lumbar facet joint block at the medial branch L4-5 and L5-S1 bilaterally is not medically necessary per the MTUS and ODG guidelines. The MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that diagnostic facet blocks should only be performed in patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The documentation submitted suggests that patient's pain in radicular. The request for lumbar facet joint block at the medial branch L4-5 and L5-S1 bilaterally is not medically necessary.