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| Case Number: | CM14-0155537 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 03/08/2014 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 Occupational Medicine and is licensed to practice in Illinois. 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 53 year old male who fell from a ladder on 3/8/2014 and has persistent 7/10 low back pain. He takes Norco and hydrocodone without pain relief. On April 10, 2014, he had a trigger point injection in left buttock area. The magnetic resonance imaging shows degenerative disc disease at the L4-5 level and facet arthropathy. The physical exam is significant for tenderness at the lumbo-sacral junction, restriction in the lumbar spine range of motion, and guarding with movement of the lumbar spine. His diagnoses include cervicalgia, dorsalgia, and mechanical lumbago. He has also had new-onset hip pain. It is noted that his magnetic resonance is inconsistent with his high degree of pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection via caudal approach, Lumbar facet injections at L4-L5 & L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: The purpose of an epidural steroid injection 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. Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Per the Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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 weeks, with a general recommendation of no more than 4 blocks per region per year. The worker does not have radiculopathy and therefore the criteria for an epidural steroid injection are not met and the request is not medically necessary for this worker. Per the Chronic Pain Medical Treatment Guidelines, facet blocks are not addressed. Per the Official Disability Guidelines, facet blocks are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in concert with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. The criteria for use of therapeutic intra-articular and medial branch blocks are as follows, no more than one therapeutic intra-articular block is recommended, there should be no evidence of radicular pain, spinal stenosis, or previous fusion, if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive), no more than 2 joint levels may be blocked at any one time and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Although the worker meets the general criteria for facet blocks, there is no documentation that his mechanical back pain is of facet origin. Therefore, facet blocks are not medically necessary and are denied.

Physical therapy 2x week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, physical therapy is recommended. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the worker) can provide short term relief during the early phases of acute pain treatment or acute exacerbations of chronic pain and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Per the Chronic Pain Medical Treatment Guidelines for physical therapy allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. The guidelines allow for the following number of visits for each diagnosis: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex Sympathetic Dystrophy: 24 visits over 16 weeks. The worker does not meet the criteria for physical therapy, as he does not have myalgia, myositis, neuralgia, neuritis, radiculitis, or reflex sympathetic dystrophy. In addition, he is far removed from the acute stage of the injury that would be responsive to physical therapy, as it occurred more than 8 months ago. Therefore the request is not medically necessary.