

<b>Case Number:</b>	CM14-0165557		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	02/11/2010
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 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 56-year-old male who reported an injury on 02/11/2010, while manipulating some boxes, he put them in a stack on a dolly, and tried pulling back on it, and got his foot tangled in a piece of carpet, and the boxes fell on top of him. Diagnoses were cervical strain, thoracic strain, lumbosacral strain with sciatica, hernia related pain in the left groin, gastrointestinal problem, various psychiatric problems of depression, and anxiety. Physical examination dated 08/25/2014 revealed complaints of having difficulty doing household work at his home. The injured worker complained of pain in the neck, mid back, and lower back. Examination of the lumbar spine revealed tenderness in the lumbosacral angle and sacroiliac areas on both sides, right worse than the left. There was some tenderness in the right sciatic notch and some muscle spasms, more on the right than the left. Range of motion for flexion was to 60 degrees, extension was to 20 degrees, right lateral bending was to 25 degrees, left lateral bending was to 20 degrees, rotation to the right was to 40 degrees, and rotation to the left was to 50 degrees. Straight leg raising on the right was to 70 degrees, and the left was to 85 degrees. Neurological examination revealed motor strength was 5/5 in the lower extremities. Sensation was questionable with a minimal loss sensation in the right L5 distribution. Deep tendon reflexes were 2+ in both upper and lower extremities on both sides. Tendon and the plantar response was flexor. The rationale and request for authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Lumbar Facet Joint Block at medial branch block at levels L3-L4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Diagnostic blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Facet Joint Diagnostic Blocks (injections)

**Decision rationale:** The decision for diagnostic lumbar facet joint block at medial branch block at levels L3-4 is not medically necessary. The Official Disability Guidelines state that facet joint diagnostic blocks (injections) recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Criteria for the use of diagnostic blocks for facet mediated pain are: 1 set of diagnostic medial branch blocks is required with a response with a response of greater than 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 2 levels bilaterally. No more than 2 facet joint levels are injected at 1 session. Opioids should not be given as a sedative during the procedure. The patient should document pain relief, and duration of pain relief. The examination for the injured worker on 08/25/2014 did reveal some neurological deficits of radiculopathy. The medical guidelines state that facet joint diagnostic blocks are limited to patients with low back pain that is non-radicular. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

**Diagnostic Lumbar Facet Joint Block at medial branch block at levels L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Diagnostic blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Facet Joint Diagnostic Blocks (injections)

**Decision rationale:** The decision for diagnostic lumbar facet joint block at medial branch block at levels L4-5 is not medically necessary. The Official Disability Guidelines state that facet joint diagnostic blocks (injections) recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Criteria for the use of diagnostic blocks for facet mediated pain are: 1 set of diagnostic medial branch blocks is required with a response with a response of greater than 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 2 levels bilaterally. No more than 2 facet joint levels are injected at 1 session. Opioids should not be given as a sedative during the procedure. The patient should document pain relief, and duration of pain relief. The examination for the injured worker on 08/25/2014 did reveal some neurological deficits of radiculopathy. The medical guidelines state that facet joint diagnostic blocks are limited to patients with low back pain that is non-radicular. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

## **2nd lumbar spine Epidural Steroid Injection L3-L4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, therapeutic injections

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

**Decision rationale:** The decision for second lumbar spine epidural steroid injection L3-4 is not medically necessary. The California Medical Treatment Utilization Schedule states the purpose of 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Injections should be performed fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. For repeat blocks, there should be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The injured worker reported he did not get any pain relief from his first epidural steroid injection. The request does not indicate that the epidural steroid injection is to be performed given fluoroscopy. Neurological deficits on the physical examination were questionable for suggestive radiculopathy. The clinical information submitted for review does not provide evidence to justify a second epidural steroid injection. Therefore, this request is not medically necessary.

## **2nd lumbar spine Epidural Steroid Injection L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, therapeutic injections

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

**Decision rationale:** The decision for second lumbar spine epidural steroid injection L4-5 is not medically necessary. The California Medical Treatment Utilization Schedule states the purpose of 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Injections should be performed fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. For repeat blocks, there should be objective documented pain and functional improvement, including at least 50%

pain relief with associated reduction of medication use for 6 to 8 weeks. The injured worker reported he did not get any pain relief from his first epidural steroid injection. The request does not indicate that the epidural steroid injection is to be performed given fluoroscopy. Neurological deficits on the physical examination were questionable for suggestive radiculopathy. The clinical information submitted for review does not provide evidence to justify a second epidural steroid injection. Therefore, this request is not medically necessary.