

Case Number:	CM14-0167282		
Date Assigned:	10/14/2014	Date of Injury:	01/16/2014
Decision Date:	12/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/10/2014

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 Anesthesiology and is licensed to practice in Tennessee. 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 48-year-old male who reported an injury on 01/16/2014. The mechanism of injury was not provided. The injured worker's diagnoses were noted to include lumbar disc protrusion with associated lumbar facet syndrome. His past treatments included chiropractic therapy, physical therapy, activity modifications, medications, and a home exercise program. An MRI of the lumbar spine was provided from 04/25/2014, which was noted to reveal multiple disc bulges of the lumbar spine from L3 to S1, including a 4mm broad-based posterior disc bulge at the L4-5 level with no significant neural foraminal narrowing. There was also evidence of facet arthropathy at multiple levels, including L4-5 and L5-S1. On 09/12/2014, it was noted that the injured worker had persistent pain in his low back which radiated to his bilateral lower extremities. Upon physical examination, it was noted that the injured worker had bilateral tenderness over the L3 to S1 posterior spinous processes and paravertebral muscles. It was also noted that he had normal motor strength and sensation and his straight leg raise was negative. His medications were not noted in the report. A request was received for bilateral transforaminal epidural steroid injections (ESI) at L4-L5 and for facet blocks under image at L4-5 and L5-S1 without a rationale. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural Steroid Injections (ESI) at L4-L5: 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 Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The request for Bilateral Transforaminal Epidural Steroid Injections (ESI) at L4-5 is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections (ESIs) are recommended as an option for radicular pain. The criteria for the use of ESIs are radiculopathy must be documented on physical examination and corroborated by imaging studies; documented failed conservative care treatment including exercises, physical methods, NSAIDs, and muscle relaxants; and the injections should be performed using the guidance of fluoroscopy. The documentation noted that the injured worker had participated in extensive conservative treatment, including chiropractic therapy, physical therapy, and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). It was noted that he had bilateral radicular symptoms and MRI evidence of a disc bulge at L4-5; however, he did not have findings suggestive of radiculopathy on physical exam. In the absence of significant evidence of radiculopathy upon physical examination with corroboration by diagnostic studies, the request is not supported by the guidelines. Additionally, the request does not specify that the injections are to be given using guidance of fluoroscopy. As such, the request is not medically necessary.

Facet Blocks under Image at L4-5 and L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the Use of Diagnostic Blocks for Facet Mediated Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Intra-Articular Injections (Therapeutic Blocks)

Decision rationale: The request for Facet Blocks under Image at L4-5 and L5-S1 is medically necessary. According to the California MTUS ACOEM Guidelines, invasive techniques such as facet blocks are of questionable merit; however, many pain physicians believe that diagnostic and therapeutic injections may be beneficial. More specifically, the Official Disability Guidelines state "therapeutic facet blocks may be indicated for patients with a clinical presentation consistent with facet joint dysfunction, evidenced by tenderness to palpation over the facet joints on physical examination, and the absence of objective findings suggestive of radiculopathy, though radiating pain may be present." Additionally, there should be no evidence of spinal stenosis or previous fusion and documentation should include a plan for an active treatment program following the injection therapy. The injured worker was noted to have tenderness to palpation over the facets at the requested levels. There was also MRI evidence of facet arthropathy at the L4-5 and L5-S1 levels. He did have noted radiating pain; however, there were no significant neurological deficits on physical examination to support radiculopathy. Moreover, he was noted to be participating in a home exercise program. Therefore, the criteria for facet joint blocks have been met. As such, the request is medically necessary.

