MAXIMUS Federal Services

Case Number:	CM14-0184022		
Date Assigned:	11/10/2014	Date of Injury:	06/08/2012
Decision Date:	12/18/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/05/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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:

65 y/o female injured worker with date of injury 6/8/12 with related back and left knee pain. Per progress report dated 9/26/14, physical exam of the lumbar spine was unremarkable. No neurologic deficit was noted. MRI of the lumbar spine dated 8/26/14 revealed significant narrowing L1-2 intervertebral disks with broad-based circumferential disk protrusion. Right lateral and more focal disk herniation and disk osteophyte complex causing mass effect upon the extra foraminal nerve root. Broad-based disk bulging at L2- 3 about 4 mm. This is larger in the left paracentral and left foraminal location. There is mild left foraminal narrowing. Mild facet degeneration. Mild to moderate facet degeneration is also demonstrated throughout the remainder of the lumbar spine. EMG/NCV studies dated 6/11/14 revealed a normal study, without evidence of radiculopathy. Treatment to date has included physical therapy and medication management. The date of UR decision was 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection L1-2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, table 12-8,Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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, NSAIDs 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. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.The documentation submitted for review does not contain physical exam findings of radiculopathy. MRI findings did note significant narrowing at the L1-L2 level, however EMG/NCS studies were normal. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented. As the first criteria is not met, the request is not medically necessary.

Lumbar facet blocks L3-4, L4-5, L5-S1 bilaterally: Upheld

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 use of therapeutic intra-articular and medial branch blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint intra-articular Injections (therapeutic blocks)

Decision rationale: The MTUS is silent on lumbar facet injections. With regard to facet injections, ODG states: "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 consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement.""Criteria for use of therapeutic intra-articular and medial branch blocks, are as

follows:1. No more than one therapeutic intra-articular block is recommended.2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.3. 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).4. No more than 2 joint levels may be blocked at any one time.5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy."MRI of the lumbar spine dated 8/26/14 revealed findings of spinal stenosis. As this is an exclusionary criteria, the request is not medically necessary. Furthermore, facet injections are recommended for two levels max.