MAXIMUS Federal Services

Case Number:	CM14-0020829		
Date Assigned:	04/30/2014	Date of Injury:	10/17/2012
Decision Date:	06/20/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/19/2014

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:

The injured worker is a 52 year old female with a date of injury of October 17, 2012 with related shoulder pain and low back pain. She is status post right shoulder rotator cuff repair and acromioplasty performed on December 5, 2012. An MR arthrogam of the shoulder done Spetember 2013 revealed a superior labral tear from anterior to posterior (SLAP) tear of her right shoulder labral mechanism. An MRI of the lumbar spine from June 4, 2013 revealed mild multilevel lumbar intervertebral degenerative disc disease; bulging disc at L3-L4, L4-L5, and L5-S1. As well as bilateral facet disease at L3-L4, L4-L5, and L5-S1. There was no dominant herniated nucleus pulposus (HNP), central canal or neural foraminal stenosis. She has been treated with physical therapy. The date of UR decision was 1/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTIONS AT L4-L5 AND L5-S1 UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. 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. There should be no more than two nerve root levels injected using transforaminal blocks; and no more than one interlaminar level should be injected at one session. 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. Current research does not support a "series-of-three" injections in either the diagnostic or the therapeutic phase. The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. The MRI findings documented do not demonstrate findings consistent with radiculopathy. The documentation submitted does not include EMG/NCS. As the first criterion is not met, the request is not medically necessary.

FACET BLOCKS AT L3-4, L4-5, L5-S1 UNDER FLUOROSCOPY: 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: Low Back Chapter, Facet joint pain.

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 California MTUS Guidelines are silent on lumbar facet injections. With regard to facet injections, the Official Disability Guidelines state that 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 indicate that 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%, and 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 two joint levels may be blocked at any one time. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. According to the

November 25, 2013 progress report, the injured worker was to be treated with physical therapy and acupuncture. The results of the aforementioned conservative therapy have not been documented, without knowledge of the efficacy of these treatments; the medical necessity of facet injections cannot be affirmed. Therefore, the request is not medically necessary.

INJECTIONS TO BE COMPLETED IN 3 VISITS AT AN OUTPATIENT SURGERY CENTER: Upheld

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

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: According to the Official Disability Guidelines, with regard to facet joint injections, no more than two joint levels may be blocked at one time, which would necessitate multiple visits to an outpatient surgery center. However, as the requests for injections were not medically necessary, this request is not medically necessary.