

Case Number:	CM14-0028663		
Date Assigned:	06/16/2014	Date of Injury:	02/04/2013
Decision Date:	07/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 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:

This is a 61-year-old female with a date of injury of 2/04/13. Submitted reports do not indicate the mechanism of injury. The patient has a history significant for an anterior C4-C5 fusion surgery. She has had issues with ongoing low back pain, right arm cramping, upper back pain and leg cramps. 11/21/13 report indicates that the patient has had persistent low back pain with radiation to the left leg. An MRI of the lumbar spine was recommended. MRI was done on 2/10/14, and showed multilevel degenerative changes with mild multilevel neural foraminal stenosis. 2/13/14 follow-up report notes persistent low back pain, but does not document symptoms consistent with nerve root irritation/compression. Exam shows no motor or sensory deficits. There is no documentation of facet abnormalities. No lumbar abnormalities are documented. There are no exam findings consistent with either lumbar radiculopathy or facet mediated pain. MRI findings are noted. Diagnoses are s/p cervical fusion, right arm cramps, dorsalgia, lumbar DDD, and lumbar radicular complaints. It is unclear why an ESI and facet injection are requested, and why they are requested concurrently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Steroid Epidural And Facet Injections Via The Caudal Approach At The L4-L5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections).

Decision rationale: The Chronic Pain MTUS supports use of epidural steroid injections in patients with clinical symptoms of radiculopathy, corroborated by examination and MRI and/or electrodiagnostics, that has failed conservative treatment. ACOEM Guidelines do not recommend intra-articular facet joint injections, but do support medial branch blocks and radiofrequency neurotomy in patients with a positive block. As ACOEM does not discuss criteria, consider ODG, which clarifies that facet procedures are for patients with low back pain that is non-radicular and exam that is suggestive of facet-mediated pain. ODG states that ESI should not be done on the same day of treatment as facet blocks, as this may lead to improper diagnosis or unnecessary treatment. It should be noted that concurrent epidural-facet procedures completely negate any diagnostic potential of either injection procedure. In this case, the patient has some radicular symptoms with an MRI that shows multilevel disc injury that may be potential cause for inflammatory mediators that could cause nerve root inflammation/radiculitis. However, there are no exam findings that support this diagnosis. There are also no symptoms or exam findings that support the clinical suspicion of facet mediated pain. Finally, there is no medical necessity for concurrent injections. Medical necessity for lumbar epidural and facet injections is not established.

12 ADDITIONAL SESSIONS OF PHYSICAL THERAPY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 130-132, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical medicine treatment.

Decision rationale: Post-surgical treatment guidelines recommend up to 24 sessions of post-op PT following cervical fusion. For the lumbar spine condition, guidelines recommend 10-12 sessions of PT. Submitted records indicate that this patient has cervical spine and lumbar spine injury, and is s/p cervical fusion. The patient has lumbar radicular symptoms. Records indicate that the patient has only completed 12 sessions of PT. Given guideline post-op recommendations following cervical fusion and for treatment of the back injury, an additional 12 sessions of PT is appropriate. 12 additional sessions of PT is medically necessary.

PRESCRIPTION OF IBUPROFEN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Guidelines support use of topical NSAIDS as an option for osteoarthritis affecting joints that are amenable. There is little evidence to support use of NSAIDS for the spine. Guidelines do not support use of topical NSAIDS for neuropathic pain. Finally, guidelines state that the only FDA approved topical NSAID is Voltaren Gel (Diclofenac). This patient has a spine condition and has radicular symptoms. There is no medical necessity for Ibuprofen cream.