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| Case Number: | CM14-0034168 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 07/03/2012 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 03/19/2014 |

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 Physical Medicine & 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 67-year-old male who reported an injury on 07/03/2012. The mechanism of injury was not provided within the documentation. The injured worker's treatments were noted to be physical therapy, chiropractic care, acupuncture, and medications. His diagnose's were noted to be lumbar facet joint hypertrophy and spinal stenosis. The injured worker had a clinical evaluation on 02/05/2014 with complaints of pain in his head, shoulder, elbow, forearm, wrist, hand, neck, upper back, lower back, hip, thigh, knee, and ankle. He gave a pain range of 2 through 7 on a scale of 1 to 10 with 0 being no pain and 10 being most severe pain. The injured worker indicated these pain levels are with medication. The injured worker stated pain is reduced with rest and activity modification. Current therapy at the time of this evaluation was physiotherapy, acupuncture, and use of a back brace; however, the pain levels had increased according to the injured worker's statement and he was using hot/cold therapy temporarily. The injured worker had a recent second diagnostic lumbar epidural steroid injection on 01/06/2014. The injured worker stated a reduction in pain that began 5 days after the procedure. He reported a reduction in pain from 7 to 6 on a numeric rating scale. He also indicated that the lowest level of pain lasted for 2 days. The procedure helped reduce the injured worker's arm and leg pain by 25%. The physical examination of the lumbar spine indicated some sensory deficits through the lumbar spine, some tenderness to palpation, full resistance noted with active movement against gravity, and decreased range of motion with flexion/extension and lateral bending. The treatment plan was a recommendation for a lumbar facet joint block at the medial branch levels L3-4, L4-5, and L5-S1 bilaterally. It was noted that if there was successful axial pain relief greater than 70% that the treatment plan would proceed with rhizotomy at those levels that meet the criteria. There was a recommendation for clearance from an internal medicine specialist prior to proceeding with the procedure. Additionally, the treatment plan included recommendations to

undergo a psychological evaluation to determine if the injured worker was successfully stable and secure emotionally to undergo the procedure. Additionally, the treatment plan included a recommendation that the injured worker undergo his first therapeutic lumbar epidural steroid injection at disc levels L4-5 and L5-S1. It was indicated that the injured worker had decreased pain within 5 days after the diagnostic lumbar epidural steroid injection; it was reported a decrease in radicular pain and documented objective pain relief with functional improvement. The provider's rationale for the requests within this review are provided within the treatment plan of this physical examination on 02/05/2014. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Lumbar Epidural Steroid Injection L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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, Epidural steroid injections.

Decision rationale: The California MTUS/American College of Occupational and Environmental Medicine states although epidural steroid injections may offer short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. The Official Disability Guidelines indicate that for the use of epidural steroid injections radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. The injured worker should be initially unresponsive to conservative treatment such as exercises, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy and injection of contrast for guidance. If after the initial block or blocks are given and found to produce pain relief of at least 50% to 70% for at least 6 to 8 weeks, additional blocks may be supported. On the examination dated 02/05/2014, the injured worker had a diagnosis of spinal stenosis. In addition, it is noted in the diagnosis's the injured worker has thoracic or lumbosacral neuritis or radiculitis. The evaluation does not indicate a positive straight leg raise for the lumbar spine. In addition, the physical examination of L4-S1 does not indicate a strong decrease of sensation to the specific dermatomes, the active movement against gravity with full resistance in the L4 myotome through S1 myotome region was noted to be active against gravity with full resistance. Reflexes were normal bilaterally. The documentation fails to include the injured worker failing conservative treatment of muscle relaxants. The request fails to indicate use of fluoroscopy and injection for contrast for guidance. As such, the request for therapeutic lumbar epidural steroid injection L4-5, L5-S1, is not medically necessary.

Lumbar Facet joint Injection, Medial branch levels L3-4, L4-5, L5-S1 Bilateral.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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 medial branch blocks.

Decision rationale: The California MTUS/American College of Occupational and Environmental Medicine states invasive techniques such as facet joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines provide criteria for the use of therapeutic intra-articular and medial branch blocks. No more than 1 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% plus relief of at least 50% for a duration of 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 2 joint levels may be blocked at any 1 time. The documentation provided from the physical examination on 02/05/2014 indicates a diagnosis of radiculopathy and spinal stenosis. Therefore, the request for lumbar facet joint injection medial branch levels L3-4, L4-5, L5-S1 bilateral is not medically necessary.

Internal Medicine Clearance.: 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, Preoperative testing, general.

Decision rationale: Since the primary procedures are not medically necessary, none of the associated services are medically necessary.

Psychological evaluation: 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 Psychological evaluations Page(s): 100-101.

Decision rationale: Since the primary procedures are not medically necessary, none of the associated services are medically necessary.