

Case Number:	CM14-0034297		
Date Assigned:	06/30/2014	Date of Injury:	11/06/2013
Decision Date:	09/18/2014	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 California and Washington. 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 27-year-old male who reported an injury on 11/06/2013. The mechanism of injury was noted to be heavy lifting. His prior treatments were noted to be NSAIDs, injections, physical therapy, chiropractic therapy, and a lumbar corset. His diagnoses were noted to be mild degenerative lumbar spondylolisthesis at L5-S1, degenerative disc disease at L5-S1, degenerative disc disease in the thoracic spine, and mechanical persistent lumbago. The injured worker had an evaluation on 02/14/2014. His chief complaint was chronic low back pain and right buttock pain. The injured worker stated pain was a 2/10 or 3/10. The injured worker also indicated that pain was intermittent and mechanical in nature. The physical examination of the low back revealed limited range of motion of the lumbar spine. He had tenderness to palpation over the lumbosacral spine. There were no spasms noted and no atrophy. The vascular examination was normal. Treatment recommendations included physical therapy and a recommendation for an epidural steroid injection. The provider's rationale for the request was provided within the documentation and request for authorization for medical treatment was dated 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documented failed conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). Injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 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 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on the continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support the "series of 3" injections in either the diagnostic or therapeutic phase. The guidelines recommend no more than 2 ESI injections. The injured worker had diagnostic imaging with no indication of radiculopathy. In addition, the clinical evaluation fails to provide an adequate neurological assessment. Therefore, the request for lumbar epidural steroid injection L4-5, L5-S1 is not medically necessary.

Lumbar facet injection L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Diagnostic Blocks (injections).

Decision rationale: The California MTUS/American College of Occupational and Environmental Medicine states facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet Neurotomy at the diagnosed levels. These blocks are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. Documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks is recommended. Clinical presentation should be consistent with facet joint pain, signs, and symptoms: tenderness to palpation in the paravertebral areas over the facet region; a normal sensory examination; absence of radicular findings and a normal straight leg raise exam. The documentation provided for review does not support pain that is nonradicular. There is a lack of documentation to support failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior

to the request for at least 4 to 6 weeks. As such, the request for a Lumbar facet injection at L4-5, L5-S1 is not medically necessary.