

Case Number:	CM14-0040924		
Date Assigned:	07/02/2014	Date of Injury:	11/23/2011
Decision Date:	08/07/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/07/2014

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 Orthopedic Surgery 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 66-year-old female who reported an injury on 11/23/2011. The mechanism of injury was the injured worker was lifting a box from the ground and her right foot got caught on another box, causing the injured worker to trip and fall, landing on her left knee and then on her right side, striking her right shoulder. Other therapies included physical therapy and oral pain medications. The injured worker underwent an magnetic resonance imaging (MRI) of the lumbar spine on 05/16/2013, which revealed the injured worker had grade 1 anterolisthesis at L3-4 with mild retrolisthesis at L2-3. The vertebral body heights were maintained, and there was no suspicious bone marrow signal abnormality. There was disc desiccation and disc space narrowing throughout the lumbar spine, sparing L5-S1, and there was multilevel degenerative endplate marrow changes that were present. Specifically at the level of L4-5, there was a circumferential disc bulge along with moderate facet arthropathy and ligamentum flavum redundancy. There was mild to moderate spinal canal narrowing. There was moderate right neural foraminal narrowing without left neural foraminal narrowing. At the level of L5-S1, there was a mild posterior disc bulge and facet arthropathy with no spinal canal narrowing, and there was mild right neural foraminal narrowing. The documentation of 01/16/2014 revealed the documentation indicated the injured worker had low back pain and radiating leg pain. The physician documented the injured worker had degenerative scoliosis and severe spinal stenosis at L4-5 and L5-S1 per the MRI. Additionally, the physician documented the injured worker was recommended to have epidural steroid injection and facet injections in the lumbar spine previously and the injured worker did not want them, and had asked for therapy. The injured worker noted on the date of examination that she had significant back pain limiting her from standing or walking any significant period of time from 5 to 15 minutes. The injured worker had complaints of pain radiating down her legs bilaterally that frequently prevented her from

sleeping. The physical examination revealed the injured worker had an antalgic gait with a short stance face to the right. The range of motion of the lumbar spine was limited and the injured worker had tenderness at the lumbosacral joint junction. Deep tendon reflexes were noted to be symmetric bilaterally at the patella and Achilles. The diagnosis included lumbar degenerative scoliosis, lumbar spinal stenosis, and sciatica. The treatment plan included physical therapy for the lumbar spine, epidural steroid injection and facet injection of the lumbar spine, and an L4-S1 laminectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid and facet injections via caudal approach of L1 to S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, facet joint diagnostic blocks (Injections) section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Epidural Steroid Injection, page 46 Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend epidural steroid injections for the treatment of radicular pain. There should be documentation of objective findings of radiculopathy as well as corroboration with imaging studies including an magnetic resonance imaging (MRI) or Electromyography (EMG) / Nerve Conduction Velocity Studies (NCV). There should be documentation the injured worker had failed conservative treatment including exercises, physical methods, Non-steroidal anti-inflammatory drug (NSAIDs), and muscle relaxants. Additionally, no more than 2 nerve root levels should be injected using transforaminal blocks. An injection should be performed using fluoroscopy for guidance. The clinical documentation submitted for review failed to indicate the injured worker had objective findings upon physical examination. There was a lack of documentation indicating a necessity for treatment of more than 2 levels. There was a lack of documentation indicating the injured worker had failed conservative therapy including exercises, physical methods, NSAIDs, and muscle relaxants. This portion of the request would not be supported. The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines indicate that a facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the ACOEM does not address medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain, which includes tenderness to palpation in the paravertebral area after a normal sensory examination, the absence of radicular findings, and a normal straight leg raise exam. There should be documentation of a failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks, and no more than 2 facet levels should be injected in 1 sessions. The clinical documentation submitted for review failed to meet the above criteria. As there was no documentation of a straight leg raise examination and documentation the injured

worker had failed conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Additionally, a facet injection and an epidural steroid injection should not be performed on the same day. Given the above, the request for lumbar epidural steroid and facet injections via caudal approach to L1-S1 is not medically necessary.

Lumbar Laminectomy and Fusion at L4 through S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Microdiscectomy, Official Disability Guidelines (ODG), Low Back Chapter, Discectomy/Laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-309.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate a surgical consultation is appropriate for injured workers who have severe and disabling lower leg symptoms that are in a distribution consistent with abnormalities on imaging, and preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month, or the extreme progression of lower leg symptoms. There should be clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to indicate the injured worker had activity limitations due to radiating leg pain. However, there was a lack of documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The injured worker had objective findings of nerve compromise at the level of L4-5. As per the magnetic resonance imaging (MRI), the injured worker had mild to moderate spinal canal narrowing at L4 and L5. The reflexes were noted to be diminished, however, there was a lack of documentation indicating where they were diminished. There was no documentation of myotomal or dermatomal examination. Additionally, there was no electrophysiologic evidence supplied for review. Given the above, the request for a lumbar laminectomy and fusion at L4-S1 is not medically necessary.