

Case Number:	CM14-0046657		
Date Assigned:	07/02/2014	Date of Injury:	07/16/2009
Decision Date:	11/26/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/15/2014

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 Internal 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:

This is a case of a 42 year old female with a date of injury of 7/16/2009 which occurred while she was moving an anesthetized dog. On 12/18/2013, she came in for pain management re-evaluation by [REDACTED] and the patient was still complaining of low back pain. Her pain rates at 2-7/10 in intensity. She is status post injection with 75% improvement. She is moving easier and feels loose in the back. She reports that her injection and medications are helping in order to alleviate her pain symptoms. On physical exam that day, straight leg raise was positive at 90 degrees produced low back pain. Patrick's test was negative. Facet loading was noted to be positive. Sensation to light touch was intact. Strength testing was within normal limits. There was tenderness to palpation noted over the lumbar paraspinal muscles as well as sacroiliac joint region. She was diagnosed with lumbago, status post lumbar fusion, lumbar facet dysfunction, sacroiliac joint dysfunction and insomnia, improved with medications. Her plan of care was to refill her medications which included Celebrex, Ultram, and Zanaflex, continue her home exercise program and request for lumbar facet injection was made. MRI of the lumbar spine from 11/26/2011 revealed a disc protrusion at L5-S1 with right S1 nerve root effacement and bilateral foraminal stenosis, and disc protrusion at L4-L5 with epidural fat effacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Block Injection: Upheld

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

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

Decision rationale: Based on MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for the treatment of radicular pain. Most current guidelines recommend no more than 2 ESIs. ESIs can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that ESIs may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of ESIs to treat radicular cervical pain. Criteria for the use of ESIs are: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) 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 one to two weeks between injections. 5) No more than 2 nerve root levels should be injected using transformational blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 6-8 weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support a "series of three" injection in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESIs. In this case, the patient continues to suffer from low back even after a previous epidural injection. However, there is no documentation of radiculopathy on recent physical examination. Also there has been no documentation of continued objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks. Therefore, based on the information in this case and review of the MTUS guidelines, the request for Lumbar Facet Block Injection is not medically necessary.