

Case Number:	CM14-0057526		
Date Assigned:	07/09/2014	Date of Injury:	07/09/2012
Decision Date:	09/05/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 60 year-old with a reported date of injury of 11/13/2006. The patient has the diagnoses of lumbago, displacement of lumbar intervertebral disc without myelopathy, lumbosacral neuritis and radiculitis, lumbar facet joint syndrome, and myalgia. Per the progress reports dated 01/08/2014, the patient had complaints of pain in the lower back radiating to the right leg described as aching and pulsing rated a 9/10 on the pain scale, intermittent numbness and tingling in the right leg and foot and occasional weakness in the right leg. The physical exam noted bilateral Kemp's test, hypersensitivity to touch along the entire right leg, lumbar facet joint tenderness, lumbar spinal muscle tenderness with spasm, positive straight leg test on the right and restricted range of motion. Treatment recommendations at that time included second diagnostic lumbar epidural steroid injection and lumbar facet joint injection at the medial branch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Diagnostic Lumbar Epidural Steriod Injection at disc levels L4-L5 and L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections states: Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.; 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).; 3) Injections should be performed using fluoroscopy (live x-ray) for guidance.; 4) If used for diagnostic purposes, a maximum of two 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 two nerve root levels should be injected using transforaminal 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007); 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation provided fails to clearly demonstrate radiculopathy on physical exam and there is no clear corroboration by imaging studies or EMG/NCV. The physician also noted that the pain relief from the prior injection only lasted 9 days and only relieved his leg pain by 25% with no improvement of function in the leg. The patient does not meet criteria set forth above for a repeat Epidural Steroid Injection and thus it is not medically necessary.

Lumbar Facet Joint block at Median Branch levels L2-L3, L3-L4, L4-L5, and L5-S1 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low back complaints Page(s): 300.

Decision rationale: The ACOEM low back complaints chapter states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford 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. 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 ODG states that no more than 2 facet joint levels are injected in one session, that the injection be limited to patients with low back pain that is non-radicular and no more than 2 levels bilaterally and documentation of conservative treatment failure for 4-6 weeks prior to the procedure. The ACOEM questions the merit of these blocks and the patient has not met the criteria as set forth per the ODG and thus the request is not medically necessary.