

<b>Case Number:</b>	CM14-0060180		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/24/2008
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 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 52 year old male who reported an industrial injury on 10/24/2008, almost 6 years ago, attributed to the performance of his customary job duties reported as securing a wheelchair and perceiving a pop to his lower back. The patient complained of persistent lower back pain. The objective findings on examination included moderate paravertebral tenderness at L4 and L5; SLR positive on the left at 60; decreased sensation left L5 and S1 dermatome. The MRI of the lumbar spine dated 4/8/2014 documented slightly diminished multilevel degenerative disc disease with marked reduction of the right paracentral disc protrusion at L4-L5. It was noted that the prior MRI of the lumbar spine had documented a L4-L5 right paracentral disc protrusion impinging on the traversing right L5 nerve root causing moderate) all narrowing and Motley impinging on the exiting L4 nerve root and mildly contacting the exiting right L3 nerve root. The treatment plan included bilateral L4-L5 facet injections and bilateral L5 transforaminal epidural steroid injection with epidural Graham and fluoroscopy under sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 Facet Injection & Bilateral L5 Transforaminal Epidural Steroid Injection with Epidurogram and Fluoroscopy Under Sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Low Back, Web Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300-303; 174-75; 187; 179-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Block, Medial Branch Block, Epidural Steroid Injections.

**Decision rationale:** This request is inconsistent with the recommendations of the ACOEM Guidelines or the Official Disability Guidelines for the treatment of this injured worker. The California MTUS is silent on the use of facet blocks. There is no objective evidence of facet arthropathy to the lumbar spine and no documented diagnosis of lumbar spine facet hypertrophy. There are no documented neurological deficits. There is no documented pain on extension/rotation of the lumbar spine. There is no demonstrated medical necessity for multiple level median branch blocks to the lumbar spine for the cited diagnoses. There was no demonstrated rationale to support the medical necessity of the requested medial branch blocks or facet blocks for the diagnosis of lumbar strain and lumbar spine degenerative disc disease. The use of facet blocks and RFA to the lumbar spine is not recommended by the California MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The California MTUS states that facet blocks are "limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for the authorization of diagnostic/therapeutic facet blocks or median branch blocks for chronic lumbar spine pain is inconsistent with the recommendations of the California MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations are for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial lumbar pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. The ACOEM Guidelines revised 4/07/08 for the lower back recommend, "One diagnostic facet joint injection may be recommended for patients with chronic LBP that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments." There is no demonstrated medical necessity for the requested bilateral L4-L5 facet blocks. The criteria required by the California MTUS for the provision of a lumbar epidural steroid injection were not documented. The patient does meet the California MTUS criteria for a lumbar ESI under fluoroscopic guidance. The use of lumbar spine ESIs is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The patient is not noted to have objective findings on examination consistent with a nerve impingement radiculopathy. The reported radiculopathy was not corroborated by imaging studies or electrodiagnostic studies. There is no impending surgical intervention. The patient is being treated for chronic low back pain without radiation to the lower extremity. The requested ESI is directed to lumbar spine DDD. There is no documented rehabilitation effort. The stated diagnoses and clinical findings do not meet the criteria recommended by evidence-based guidelines for the use of a lumbar ESI by pain management. The California MTUS requires that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The ACOEM Guidelines updated Back Chapter revised 8/08/08 does not recommend the use of lumbar ESIs for chronic lower back pain. The Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two lumbar diagnostic ESIs and a limited number of therapeutic lumbar ESIs are recommended in order for the patient to

take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 50% relief from the prior appropriately placed ESI. The therapeutic lumbar ESIs are only recommended, "If the patient obtains 50-70% pain relief for at least 6-8 weeks." Additional blocks may be required; however, the consensus recommendation is for no more than four blocks per region per year. The indications for repeat blocks include "acute exacerbations of pain or new onset of symptoms." Lumbar ESIs should be performed at no more than two levels at a session. Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulpous, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity. The patient is being treated for a subjective radiculitis with reported chronic low back without MRI or EMG/NCV evidence of a nerve impingement radiculopathy. There is no demonstrated medical necessity for a lumbar spine ESI for the reported chronic pain issues. Therefore, this request is not medically necessary.