

Case Number:	CM14-0070291		
Date Assigned:	06/30/2014	Date of Injury:	04/18/2006
Decision Date:	07/30/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational 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:

The claimant was injured on 04/18/06. Bilateral L5 transforaminal epidural steroid injections and right L5 facet medial branch blocks have been requested and are under review. She had a pain management reevaluation with the treating physician on 03/06/14. She had last been seen on 09/24/14 and had diagnostic right L4, 5 medial branch blocks on 09/26/14. Her pain was well controlled with the injections. She complained of low back pain that began about a week before. It was increased with prolonged standing and sitting. Her neck pain was intermittent and she had crepitus with range of motion. She was doing quite well. She had quite a bit of neck pain and had headache from the occiput. Her pain levels average 3-4/10. An MRI in 2011 showed at L5-S1 a transversely oriented annulus tear posterolaterally on the left side. There was possible symptomatic impingement. She complained of residual low back pain on the left side. She has mild facet disease on the right side. She was diagnosed with cervical and lumbar spondylosis. She has degenerative disc disease. Her medications were adjusted. On 02/26/14, she was seen by a physician assistant and denied radicular symptoms. She stated an epidural injection in September 2013 had helped and gave her relief since the injection. An MRI of the lumbar spine was denied. She was to continue chiropractic treatment for her neck. The physical examination indicated she was neurologically stable. Chiropractic treatment was recommended for the neck and back. She also saw a chiropractor in September 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral L5 transforaminal epidural steroid injection.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for bilateral L5 ESIs at this time. The CA MTUS Chronic Pain Guidelines, p. 79 states an ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria for the use of ESIs are, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is no clear description of radicular symptoms that are reproduced on the physical exam with straight leg raise testing and no objective evidence of radiculopathy bilaterally at level L5 on physical examination. No EMG was submitted. It is not known whether the claimant has failed all other reasonable conservative care, including physical therapy, or that this ESI is being recommended in an attempt to avoid surgery. The MRI report does not demonstrate the presence of nerve root compression bilaterally at the level to be injected. There is no indication that the claimant has been instructed in home exercises to do in conjunction with injection therapy. The medical necessity of this request has not been clearly demonstrated. As such, the request is not medically necessary.

Right L65 facet medial branch block.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary For facet-joint injections and Low back Procedure Summary: for blocks of the facet "medial' Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Diagnostic facet medial branch blocks.

Decision rationale: The history and documentation do not objectively support the request for repeat medial branch blocks. The ODG recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). Criteria for the use of diagnostic blocks for facet mediated pain includes, clinical presentation should be consistent with facet joint pain, signs and symptoms. One set of diagnostic medial branch blocks is required with a response greater than or equal to 70%. The pain response should last at least 2 hours for Lidocaine. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The claimant had previous medial branch blocks which gave her good relief and typically this kind of response is followed by radiofrequency ablation, not repeat medial branch blocks. Also, though it is not clearly described, the notes indicate that the claimant may have radicular pain. The ODG do not

support the use of facet medial branch blocks if radicular pain is present. The medical necessity of this request as submitted has not been clearly demonstrated. As such, the request is not medically necessary.