

Case Number:	CM14-0081564		
Date Assigned:	07/18/2014	Date of Injury:	07/13/2013
Decision Date:	09/03/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation 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 47-year-old male who reported injury on 07/13/2013. The mechanism of injury was the injured worker fell asleep while driving and crashed into 2 parked cars. The injured worker was noted to have had an L4 transforaminal epidural steroid injection with 50% relief for 6 days. He had a cervical fusion at C4-7. The documentation indicated the injured worker had lumbar x-rays and electrodiagnostic testing. He had an x-ray of the lumbar spine on 01/20/2014 which was correlated with the MRI of 09/09/2013. The documentation indicated the injured worker was status post L5-S1 spinal fusion with solid bilateral posterolateral bone fusion masses. There was grade 1 anterolisthesis of L5 on S1 and severe L5-S1 intervertebral disc narrowing. There was moderate L4-5 intervertebral disc narrowing with grade 1 retrolisthesis of L4 on L5. There was mild retrolisthesis of L3 on L4. There was no pathologic motion in flexion and extension. The documentation indicated the injured worker had an MRI of the lumbar spine on 09/09/2013, which revealed at the level of L4-5 there was degenerative disc disease with no more than mild spinal or foraminal stenosis. The documentation of 05/09/2014 revealed the injured worker had pain that was unchanged and was noted to be worsening. The injured worker indicated he had between 2 to 3 months of relief for his leg symptoms after undergoing an epidural steroid injection in December 2013. The injured worker currently was having back pain and bilateral leg pain. The physical examination revealed the injured worker had decreased range of motion. The diagnoses included lumbar spondylosis without myelopathy at L2-3, L3-4 and L4-5, degenerative disc disease at L3-4 and L4-5, low back pain, lumbar radiculitis bilaterally, and retrolisthesis at L3-4 and L4-5. The treatment plan included a right L4-5 facet block and a bilateral L4-5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 facet block: 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 (ODG): Low Back Chapter, Facet joint pain, signs and symptoms: Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Medial Branch Block.

Decision rationale: The ACOEM Guidelines indicate that a facet neurotomy (rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the following criteria for the use of diagnostic blocks: the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs (non-steroidal anti-inflammatory drugs) prior to the procedure for at least 4 to 6 weeks. The clinical documentation submitted for review failed to indicate the injured worker had objective findings of tenderness to palpation of the paravertebral area. There was lack of documentation of the sensory examination, radicular examination and a normal straight leg raise. There was lack of documentation indicating the injured worker had a failure of conservative treatment including home exercise and physical therapy, as well as NSAIDs prior to the procedure for at least 4 to 6 weeks. Given the above and the lack of documentation, the request for a right L4-L5 facet block is not medically necessary.

Bilateral L4-L5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had a prior epidural steroid injection with an objective decrease in pain of 50% for 2 to 3 months. However, there was lack of documentation indicating the injured worker had an objective decrease in pain medications and an objective increase in function. Additionally, an epidural steroid injection and a facet

injection should not be performed on the same day. Given the above and the lack of documentation, the request for a bilateral L4-L5 transforaminal epidural steroid injection is not medically necessary.