

Case Number:	CM14-0082272		
Date Assigned:	10/16/2014	Date of Injury:	08/20/2002
Decision Date:	11/18/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/03/2014

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 injured worker is a 62 year old female with a date of injury on 8/20/2002. As per 7/17/14 report, she presented with neck pain and low back pain that was essentially unchanged with the exception of flares with increased activity and she rated her pain at 7/10 due to increased activity. She also reported issues with urination and her gastrointestinal tract which was felt to be opioid-induced bladder hypo-activity. No abnormal objective findings were documented. As per 5/15/14 report the lower back pain was radiating upward a bit, but did not shoot down her legs. Magnetic resonance imaging scan of the lumbar spine with and without gadolinium dated 8/31/13 revealed diffuse disc bulge present at L3-L4 which is mild to moderate with moderate bilateral facet hypertrophy of the ligamentum flavum and moderate central canal stenosis with anteroposterior diameter of the canal measuring 7mm. It is unclear as to what medications she is on currently but it appears that she has been taking Tramadol and Neurontin. Lumbar epidural steroid injection and bilateral L3-4 facet injections were recommended. Diagnoses include lumbar radiculitis, lumbar osteoarthritis, cervical radiculitis, failed back syndrome, failed neck syndrome, long-term use of opioids, headache, and retention of urine, unspecified. The request for lumbar epidural steroid injection and lumbar facet injections at L3-L4 was denied on 5/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: As per the Chronic Pain Medical Treatment Guidelines, the purpose of epidural steroidal injections 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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology has concluded that epidural steroid injections 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. As per Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria by the guidelines for the use of epidural steroid injections for radicular pain management include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and 2) Initially unresponsive to conservative treatment (exercises, physical methods, non steroidal anti-inflammatory drugs and muscle relaxants)". In this case, there is little to no clinical evidence of radicular pain / symptoms in a nerve root distribution. There is no imaging or electrodiagnostic evidence of any nerve roots impingement. There is no documentation of trial and failure of conservative management such as physical therapy or home exercise program. Therefore, the request is considered not medically necessary per guidelines.

Lumbar Facet Injections at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Low Back Procedure Summary (last updated 03/31/2014) Facet Joint Medial Branch Blocks

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 - Lumbar & Thoracic (Acute & Chronic), Facet joint injections, lumbar

Decision rationale: According to the Official Disability Guidelines, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway: there should be no evidence of radicular pain, spinal stenosis, or previous fusion, If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, there is imaging evidence of spinal stenosis. There is no documentation of plan of

rehabilitation or period trial and failure of physical therapy. Therefore, the request is not medically necessary according to the guidelines and due to lack of documentation.