

<b>Case Number:</b>	CM14-0083099		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	01/29/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported an injury on 01/29/2011 reportedly sustained injury while lifting a very long heavy stainless steel table with a co-worker, and felt increased right shoulder pain so he stopped. However, his co-worker kept walking back with the table so the injured worker was pulled forward. He stepped into a drain and fell. He landed on his right side. He had severe low back pain radiating to both legs with bowel and bladder incontinence. He was helped to his cell due to extreme difficulty walking. The worker's treatment history included medications, facet joint injections, epidural steroid injections, the physical therapy, low back surgery, X-rays, and MRI. In the documentation that was provided, it was noted the injured worker had undergone a lumbar epidural injection on 05/15/2013. On 07/03/2013, the injured worker had undergone a facet injection and on 08/21/2013 and 08/27/2013 he had a lumbar spine medial branch block. On 10/02/2013, the injured worker had undergone a radiofrequency ablation of the L4-5 and L3-4 facet joints that provided temporary pain improvement for 5 days, and then the low back and leg pain returned to the same level as before. The injured worker had undergone an MRI of the lumbar spine on 01/08/2014 that revealed no lacks of views were obtained but there is a moderate-sized left lateral disc protrusion causing indentation of the left anterolateral aspect of thecal sac. At L3-4 level there was desiccation of the intervertebral disc. There was diffuse bulging of the annulus with no evidence of focal disc protrusion or extrusion and no evidence of significant stenosis of bony spinal canal, lateral recesses or neural foramina. L4-5 level there was desiccation of the intervertebral disc. There was a small to moderate-sized focal left paracentral disc protrusion, contacting the anterior aspect of the thecal sac and a causing minimal indentation, but no evidence of significant spinal canal stenosis was identified. L5-S1 level chronic problems, migraine, and restless leg

depression anxiety disorder. The injured worker was evaluated on 12/12/2013 and it was documented the injured worker complained of low back, left foot pain. He had difficulty removing his socks due to low back pain. Injured worker walked with significantly antalgic gait favoring the left. He had difficulty with the toe walk due to low back and left foot pain. He was unable to fully heel walk. Lumbar spine examination revealed flexion 23/24 degrees with left toes stinging. Extension is 19/15/17 degrees with low back pain. Tilt left 17/17/18 degrees with left foot, left calf and low back pain. Tilt on the right side 25/24/24 degrees with low back pain. Lumbar range of motion was assessed with aid of a digital electronic inclinometer with 2 sensors. All ranges were measured using active range of motion were within +/- 10% or 5 degrees. He was found to have 24 degrees of lumbar flexion. This was 40% of normal lumbar spinal flexion. There was tenderness over the lumbar sacral junction. Diagnosis included status post L5-S1 laminectomy and discectomy, status post L4-5 laminectomy and discectomy, and status post bilateral L3-4, L4-5 laminectomy and left L4-5 discectomy. The Request for Authorization rationale or not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left L3- L4 Transforaminal Epidural Steroid Injection: 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 Chapter, updated 05/12/14 in reference to Facet joint pain, signs & symptoms Official Disability Guidelines, Low Back Chapter, updated 05/12/14 Official Disability Guidelines, in reference to facet intraarticular injections, Low Back Chapter, updated 5/12/14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), page(s) Page(s): 46.

**Decision rationale:** The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criteria for ESIs. The injured worker had received numerous lumbar spine epidural injection on however, with improvement for 5 days only and pain returns to baseline pain. There was lack of documentation longevity of functional improvement. There was lack of documentation of home exercise regimen, and pain medication management and prior physical therapy outcome measurements for the injured worker. Given the above, the Left L3-L4 Tranforminal Epidural Injection Steroid is not medically necessary.

#### **Right L4-L5 Fact Injections: 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 Chapter, updated 05/12/14 in reference to Facet joint pain, signs & symptoms Official Disability Guidelines, Low Back Chapter, updated 05/12/14 Official Disability Guidelines, in reference to facet intraarticular injections, Low Back Chapter, updated 5/12/14.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The documents submitted for review lacked outcome measurements of conservative care such as, physical therapy sessions and home exercise regimen for the injured worker. In addition, the injured worker has had facet joint injections with temporally relief. Given the above, the request for right L4-L5 facet injections is not medically necessary.

**Left L4-L5 Facet Injections:** 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 Chapter, updated 05/12/14 in reference to Facet joint pain, signs & symptoms Official Disability Guidelines, Low Back Chapter, updated 05/12/14 Official Disability Guidelines, in reference to facet intraarticular injections, Low Back Chapter, updated 5/12/14.

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**Right L5-S1 Facet Injections:** 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 Chapter, updated 05/12/14 in reference to Facet joint pain, signs & symptoms Official Disability Guidelines, Low Back Chapter, updated 05/12/14 Official Disability Guidelines, in reference to facet intraarticular injections, Low Back Chapter, updated 5/12/14.

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**Decision rationale:** According to the California MTUS/ACOEM Guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The documents submitted for review lacked outcome measurements of conservative care such as, physical therapy sessions and home exercise regimen for the injured worker. In addition, the injured worker has had facet joint injections with temporally relief. Given the above, the request for right L4-S1 facet injections is not medically necessary.

**Left L5-S1 Facet Injections:** 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 Chapter, updated 05/12/14 in reference to Facet joint pain, signs & symptoms Official Disability Guidelines, Low Back Chapter, updated 05/12/14 Official Disability Guidelines, in reference to facet intraarticular injections, Low Back Chapter, updated 5/12/14.

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