

Case Number:	CM14-0093203		
Date Assigned:	07/25/2014	Date of Injury:	03/03/2014
Decision Date:	10/03/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 Orthopedic Surgery 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 female steam operator who sustained a vocational injury on 03/02/14 when lifting a 50 pound container of salt. The medical records provided for review included the office note dated 05/27/14 documenting the diagnosis of a lumbosacral sprain superimposed on preexisting and nonindustrial-related multilevel degenerative disc disease. The report of an MRI of the lumbar spine dated 04/24/14 identified multilevel degenerative disc disease including moderate to severe spinal canal stenosis at L3-4 secondary to moderate-large disc osteophyte complex and mild bilateral degenerative facet arthropathy. There was moderate spinal canal stenosis at L2-3 secondary to moderate large disc osteophyte complex. There was mild to moderate spinal canal stenosis at L5-S1 secondary to mild diffuse disc bulge and bilateral degenerative facet arthropathy. At the office visit on 05/27/14, the claimant was noted to be 11 days status post lumbar pain management procedure consisting of an L4-5 interlaminar lumbar epidural steroid injection and L3-4 facet lumbar epidural steroid injection with IV sedation and monitored anesthesia care under fluoroscopic guidance. The claimant noted near complete resolution of the buttock pain, however, he continued to experience residual low back pain and stated that he felt like the injection improved his overall symptoms by approximately 60 to 65 percent. The records document that conservative treatment to date has included Vicodin, Solaraze Gel, anti-inflammatories, cyclobenzaprine, ice, and formal physical therapy. Physical examination revealed that the claimant's range of motion was slightly restricted and decreased in all planes secondary to pain. There was residual tenderness to palpation along the lumbosacral junction and with no sciatic notch tenderness. The first request is for a repeat injection to include lumbar interlaminar injections at L3-4, L4-5, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat injections to include L4-5 Interlaminar lumbar epidural steroid injection at L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back - Lumbar and Thoracic (Acute and Chronic) (updated 05/12/2014)

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

Decision rationale: California Chronic Pain Medical Treatment Guidelines recommend that no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. The Chronic Pain Guidelines also suggest that there should be a minimum of 50 percent relief with associated reduction in medication use for six to eight weeks with a general recommendation of no more than four blocks per region. In addition, there should be radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records do not contain any documentation of abnormal objective findings on physical exam that suggests ongoing radicular symptoms. The current request of three interlaminar levels exceeds the recommended one level, which is to be treated at each session per the Chronic Pain Guidelines. In addition, the request for repeat injections came only 11 days following the previous injections and subsequently the claimant did not receive at least 50 percent of relief for a period of six to eight weeks with associated reduction in medication and increase in activity following the initial injections. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request cannot be considered medically necessary.

Bilateral intra-articular facet injections with IV sedation and monitored anesthesia care under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back - Lumbar and Thoracic (Acute and Chronic) (updated 05/12/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter: Facet joint diagnostic blocks (injections) 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"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicate

Decision rationale: The ACOEM Guidelines recommend that facet joint injections are of questionable merit. Looking at the Official Disability Guidelines, no more than one therapeutic intraarticular block is recommended. Official Disability Guidelines also note that prior to considering a secondary block, there should be initial pain relief of 70 percent and ongoing relief of at least 50 percent for a period of six weeks. This request fails to establish the level or levels to be injected and Official Disability Guidelines note that no more than two levels may be blocked at one time and subsequently the requested number of levels would be pertinent to know prior to considering medical necessity. Also, according to the Official Disability Guidelines, there needs to be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet injection therapy, which is not noted in the documentation presented for review. In addition, facet injections cannot be considered medically necessary in the setting of radiculopathy, which is a current diagnosis and concern based on the office note of 05/27/14. Therefore, based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for the bilateral intraarticular facet injections with IV sedation and monitored anesthesia care under fluoroscopic guidance cannot be considered medically necessary.