

Case Number:	CM14-0095319		
Date Assigned:	07/25/2014	Date of Injury:	07/29/2006
Decision Date:	08/28/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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 female who reported an injury on 07/29/2006 which occurred while lifting a carpet; she slipped and fell on her buttocks. Diagnoses for the injured worker were status post C5 through C7 cervical fusion with chronic cervicgia, cervical radiculopathy, lumbar disc desiccation, multilevel, lumbar facet hypertrophy, multilevel, lumbar radiculopathy. She also had chronic pain syndrome secondary to cervical and lumbar disc disease, and chronic reactive clinical depression secondary to chronic pain condition. Past treatments for the injured worker have included aqua therapy, physical therapy, acupuncture, chiropractic sessions, TENS unit, epidural injections, and occipital nerve blocks. The injured worker was accepted into a Functional Restoration Program which she did not show up for. Diagnostic studies have included x-rays, MRIs, and EMG/NCV studies. The injured worker had an MRI on 02/09/2014 that revealed desiccation at multiple levels but predominantly hypertrophic changes of facet joints at multiple levels. Past surgical history included anterior cervical discectomy and fusion at the C5-6 and C6-7 in 2007. The injured worker had a physical examination on 04/04/2014 with complaints of neck and low back pain. The injured worker rated her pain 6/10 to 7/10. Examination of the lumbar spine revealed moderate muscular spasm and guarding over the paraspinal muscle and bilateral gluteus region. Vertebral examination also revealed moderate tenderness over the L2-3, L3-4, L4-5 and L5-S1 vertebral interspaces. The injured worker also had focal tenderness on palpation over the facet joints at bilateral L3-4, L4-5 and L5-S1. The injured worker had about 50% to 60% lumbar range of motion with moderate muscular spasm and guarding in all directions. Manual muscle testing of bilateral extremities revealed 5-/5 with bilateral knee flexion and extension and bilateral ankle dorsiflexion and plantar flexion. Sensory examination revealed bilateral lower extremities showed no deficit to

light touch and 2 point discriminations. Straight leg test was positive bilaterally at about 40 to 50 degree angle while sitting. Current medications were Percocet 10/325, Soma 350 mg. Treatment plan for the injured worker was for cervical epidural steroid injection and lumbar facet injection. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 309, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Low Back, Facet Joint Intra-articular Injections.

Decision rationale: The request for lumbar facet injection is not medically necessary. The California/ACOEM states facet joint injections are not recommended for the treatment of low back disorders. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Invasive techniques, e.g., local injections and facet joint injections of cortisone and lidocaine (are of questionable merit). The Official Disability Guidelines state for facet joint intra-articular injections are under study. Current evidence is conflicting as to this procedure and at this time no more than 1 therapeutic intra-articular block is suggested. If successful (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). The criteria for use of therapeutic intra-articular and medial branch blocks are as follows, there should be no more than 1 therapeutic intra-articular block at one time. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. If successful (initial pain 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). No more than 2 joint levels may be blocked at any one time. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The guidelines state there should be no evidence of radicular pain and have a negative straight leg raise. The injured worker has a diagnosis of radiculopathy and has positive straight leg raise bilaterally. The level of the requested injection was not provided. Therefore, the request is not medically necessary.

Cervical Epidural Steroid Injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The request for cervical epidural steroid injection is not medically necessary. The California Medical Treatment Utilization Schedule recommends epidural steroid injection as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 epidural steroid injections at one time. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The purpose of epidural steroid 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. Criteria for the use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. It should be initially unresponsive to conservative treatment such as exercises, physical methods, NSAIDS and muscle relaxants. Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an adequate response to the first block. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker has had previous epidural injections. There was no noted pain relief or functional improvement from the epidural injections. The efficacy for the injections was not reported. The request submitted does not indicate the location for the injection. It was not reported if the injured worker was to participate in an exercise program or some other type of rehab after the injections. Therefore, the request is not medically necessary.