

Case Number:	CM13-0025811		
Date Assigned:	06/06/2014	Date of Injury:	09/10/2012
Decision Date:	10/28/2015	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old with a date of injury on 09-10-2012. The injured worker is undergoing treatment for lumbar discogenic disease-mild and there is evidence of radiculopathy with L4 nerve pain loss, significant facet disease at L3-L4, L4-L5, and L5-S1 bilaterally with radicular pain unloading of the facet directly into the hip. Physician progress notes dated 06-03-2013 to 07-01-2013 documents the injured worker has complaints of lower back pain and pain in his left leg. He also has some pain in his left knee and left ankle. He has severe stiffness and pain in his low back especially on twisting. His low back pain was directly on both hips. He complains of some weakness of his lower legs and some numbness in his left leg. He has spasm bilaterally in latissimus dorsi. There is limited lumbar range of motion. When he rotates on his flexion, which is loading the facet joints, he has severe pain going directly into his hip on both sides. He has pain on compression of his facet joints bilaterally. He has decreased pain and touch sensation in the L4 nerve distribution bilaterally. Treatment to date has included diagnostic studies, medications, chiropractic sessions, and acupuncture. Current medications include Gabapentin, Naproxen, Tramadol, Amitriptyline-Nortriptyline and Cyclobenzaprine. On 08-22-2013 Utilization Review non-certified the request for bilateral facet block injection at L3-L4, L4-L5 and L5-S1, and for lumbar epidural steroid injection at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in September 2012 while working as a forklift operator and is being treated for ongoing low back pain with left lower extremity radicular symptoms. When seen, he was having more left knee and ankle pain. Physical examination findings included a body mass index of 31.5. There was severe pain with lumbar rotation. There was bilateral latissimus dorsi muscle spasms. There was pain with facet joint compression. There was decreased bilateral L4 sensation with normal strength. Authorization for lumbar epidural steroid injections were requested and, if the pain was not relieved, then facet injections would be the next step. An MRI of the lumbar spine in November 2012 showed findings of mild to moderate multilevel facet degeneration . There was mild to moderate foraminal narrowing at L4/5 and left lateralized foraminal narrowing at L5/S1. Authorization for L4/5 and L5/S1 epidural steroid injections and a three level facet injection procedure were requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased left lower extremity sensation and imaging is reported as showing findings consistent with the claimant's left sided symptoms. However, the claimant was not having right sided radicular pain. A left transforaminal epidural steroid injection at the two requested levels would be considered medically necessary. However, whether a bilateral or left sided only injection was requested is unclear. For this reason the request was not medically necessary.

Bilateral facet block injection at L3-L4, L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,(ODG) Criteria for the use of diagnostic blocks for facet "mediated" pain.

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), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in September 2012 while working as a forklift operator and is being treated for ongoing low back pain with left lower extremity radicular symptoms. When seen, he was having more left knee and ankle pain. Physical examination findings included a body mass index of 31.5. There was severe pain with lumbar rotation. There was bilateral latissimus dorsi muscle spasms. There was pain with facet joint compression. There was decreased bilateral L4 sensation with normal strength. Authorization for

lumbar epidural steroid injections were requested and, if the pain was not relieved, then facet injections would be the next step. An MRI of the lumbar spine in November 2012 showed findings of mild to moderate multilevel facet degeneration. There was mild to moderate foraminal narrowing at L4/5 and left lateralized foraminal narrowing at L5/S1. Authorization for L4/5 and L5/S1 epidural steroid injections and a three level facet injection procedure were requested. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and that no more than two facet joint levels are to be injected in one session. In this case, the claimant was having radicular symptoms and a lumbar epidural steroid injection procedure was also requested. Requesting authorization for a medial branch block procedure without evaluating the claimant's response to the proposed epidural steroid injection was not appropriate. If the claimant's leg symptoms resolved after an epidural steroid injection and he continued to have axial pain and physical examination findings supported pain due to facet arthropathy, then a two level facet block procedure could be considered. The request submitted was not medically necessary.