

Case Number:	CM14-0188235		
Date Assigned:	11/18/2014	Date of Injury:	01/30/2003
Decision Date:	01/07/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

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:

Injured worker is a female with date of injury 1/30/2003. Per progress note dated 10/9/2014, the injured worker complains of low back pain mainly right sided and radiating posterior right leg. She reports an acute flare up of severe right leg sciatica early this year when she was brought into the ER. She denies any precipitating event or specific back injury at that time. She currently reports that her sciatica is lasting much longer. She has been to the ER twice and each time was diagnosed with sciatica. At her last visit she was given crutches that she has been able to stop using. Her symptoms are right low back pain radiating to her hip, medial thigh, calf and to her foot, mostly the underside of her foot though at times she complains of sharp intermittent pains to the top of her right foot at the ankle. Her sciatic pain is gradually subsiding, but still bothering her. She finds it difficult to walk for any extended periods as it causes pain and back/right leg fatigue. She also complains of intermittent numbness to her left leg. She also feels that her right leg is mildly weaker with ambulation. Physical exam notes 5/5 strength throughout bilateral lower extremities. She has full range of motion without pain. There is lumbar muscle spasm, right worse than left. Straight leg raising test is positive on the right approximately 45 degrees. There is lumbar tenderness, right worse than left. Neurological exam is normal. There is some lower extremity edema on the right. Diagnoses include 1) herniated disc syndrome 2) spinal stenosis of lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 and L5-S1 Transforaminal: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. The injured worker has been injured for 11 years. Prior epidural steroid injections are not addressed with the dates, length of relief, and amount of relief with concordant reduction in pain medication use. Medical necessity of this request has not been established. The request for Right L4-L5 and L5-S1 Transforaminal is determined to not be medically necessary.

Facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment Workers Compensation) Low Back Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Facet Joint Diagnostic Blocks (Injections) section

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. The medical reports do not indicate the dates and

success of prior facet blocks. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines.