

Case Number:	CM14-0194316		
Date Assigned:	12/02/2014	Date of Injury:	08/15/2012
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 62 year old female with date of injury 8/15/2012. The mechanism of injury is stated as cumulative trauma. The patient has complained of low back pain since the date of injury. She has been treated with physical therapy and medications. MRI of the lumbar spine dated 08/2013, revealed disc disease at L1-2 and L4-S1 as well as degenerative joint disease at multiple levels. Objective findings include decreased and painful range of motion of the lumbar spine; and tenderness to palpation of the bilateral paraspinal lumbar musculature. Treatment plan and request include bilateral L4-5 facet injection, bilateral L5-S1 facet injection, right L4-5 epidural steroid injection, fluoroscopy, and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 facet injection QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 301.

Decision rationale: Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, bilateral L4-5 facet injections are not indicated as medically necessary.

Bilateral L5-S1 facet injection QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 301.

Decision rationale: Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, bilateral L5-S1 facet injections are not indicated as medically necessary.

Right L4 & L5 transforaminal ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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

Decision rationale: Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (1) above. Specifically, radiculopathy was not documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. On the basis of the above

MTUS guidelines and available provider documentation, right L4-5 epidural steroid injection apart is not indicated as medically necessary.

Epidurography, radiological supervision and interpretation QTY:: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 62 year old female has complained of low back pain since date of injury 8/15/12. She has been treated with physical therapy and medications. The current request is for epidurography. As the injections requested above are not indicated as medically necessary, epidurography, fluoroscopy and conscious sedation are also not indicated as medically necessary.

Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 62 year old female has complained of low back pain since date of injury 8/15/12. She has been treated with physical therapy and medications. The current request is for fluoroscopy. As the injections requested above are not indicated as medically necessary, epidurography, fluoroscopy and conscious sedation are also not indicated as medically necessary.

Conscious sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 62 year old female has complained of low back pain since date of injury 8/15/12. She has been treated with physical therapy and medications. The current request is for conscious sedation. As the injections requested above are not indicated as medically necessary, epidurography, fluoroscopy and conscious sedation are also not indicated as medically necessary.