

Case Number:	CM14-0194675		
Date Assigned:	12/02/2014	Date of Injury:	06/26/2014
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 54 year old female presenting with a work related injury on 06/26/2014. The patient complained of right shoulder, lower back area and neck pain. On 10/14/2014, the patient complained of neck pain, right shoulder pain, low back pain and tingling in her right 5th toe. The physical exam showed uncomfortable demeanor, lumbar range of motion flexion mild limitation, extension, moderate limitation, cervical range of motion extension mild limitation, right rotation, mild limitation, shoulder range of motion abduction right, mild limitation, paravertebral L4-5 moderate tenderness, mild tenderness C2-T1, lumbar extensor muscle diffusely tender bilaterally, cervical extensor muscle diffusely tender bilaterally, tenderness over the biceps tendon anteriorly and posterior over the rotator cuff, impingement + on the right shoulder. X-ray of the cervical spine on August 19, 2014 revealed loss of normal lordosis of the cervical spine may be due to pain of muscular spasm, multilevel degenerative changes without evidence of acute fracture dislocation. X-ray of the lumbar spine on August 19, 2014 showed osteopenia, scoliosis and multilevel degeneration without evidence of acute fracture or dislocation. X-ray of the right shoulder on September 29, 2014 showed mild degenerative changes without evidence of acute fracture or dislocation. MRI of the right shoulder showed acromioclavicular joint arthrosis with bone marrow edema; mild proximal long head of by tendinosis. MRI of the lumbar spine on October 31, 2014 showed multilevel degenerative disc disease with generalized mild narrowing of the cervical canal extending from L3 - four through L5 - S1 secondary to disc bulges/protrusion; there superimpose facet joint arthropathy at L4 - L5 and perhaps mild impingement of both reversing L5 nerve roots. MRI of the cervical spine on October 31, 2014 showed mild degenerative disc and joint disease at C5 - C6 with mild right-sided foraminal narrowing. The patient was diagnosed with lumbar disc displacement without myelopathy,

thoracic or lumbosacral neuritis/radiculitis, lumbar or lumbosacral disc degeneration, lumbosacral spondylosis, cervical spondylosis, cervical spinal stenosis, rotator cuff disorders.

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 quantity: two: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Pain, Treatment Considerations

Decision rationale: Bilateral Lumbar Facet Injection quantity two is not medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with cervical pain that is nonradicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom surgical procedures anticipated; diagnostic facet block should not be performed in patients who have had a previous fusion procedure at the plan injection level. The physical exam does not clearly indicate facet pain. The patient was diagnosed with lumbar radiculitis; therefore the requested procedure is not medically necessary.

Bilateral L5 transforaminal epidural steroid injection quantity:two: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Esis Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

Decision rationale: Bilateral L5 transforaminal epidural steroid injection quantity: two is not medically necessary. The California MTUS page 47 states "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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam and MRI is not consistent with lumbar radiculitis; additionally, there is lack of documentation of failed conservative therapy; therefore, the requested services are not medically necessary.

With conscious sedation and fluroscopy quantity:one: 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) Low Back chapter

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 Complaints, Treatment Considerations

Decision rationale: With conscious sedation and fluoroscopy quantity: one is not medically necessary. The California MTUS page 47 states "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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The ODG states that in terms of sedation with epidural steroid injections, the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety. Additionally, a major concern is that sedation may result in the inability of the patient to experience the expected pain and parathesias associated with spinal cord irritation. The claimant's physical exam is not consistent with radiculopathy that is corroborated by diagnostic studies demonstrating the specific nerve root compression in the distribution of the patient's pain. Additionally, anesthesia

is not recommended as it removes the patient's protective defenses. The requested procedure is not medically necessary per ODG and CA MTUS guidelines.