

Case Number:	CM14-0201905		
Date Assigned:	12/12/2014	Date of Injury:	03/21/2013
Decision Date:	02/05/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/02/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 37 year old employee with date of injury of 3/21/13. Medical records indicate the patient is undergoing treatment for congenital central stenosis at L4, L5; at L5/S1 a 2.6 mm broad based central disc protrusion and facet arthrosis. Subjective complaints include pain which is rated 7/10 without medication. She has back pain and lower limb radiculopathy due to spinal stenosis. The patient had an LESI with fluoroscopic guidance at L5-S1 on 10/01/14 and only had 20% relief for 2 weeks and it only lasted 2 weeks. The patient had a corticosteroid injection over the volar aspect of the bilateral wrist and only had a couple days benefit. The pain is constant and increased by movement. Objective findings include tenderness to palpation over the lumbar paraspinous area and the lumbar facet joints at L3 to L5. The patient had decreased range of motion (ROM) on extension and flexion. The sitting straight leg test was positive on the right. The deep tendon reflex at the patella was intact bilaterally but there was decreased sensation at the lateral aspect of the right thigh. Mild weakness to right hamstrings and knee extension. Patient has a mild antalgic gait. An MRI of the lumbar spine (4/8/13) documents congenital central stenosis at L4, L5; at L5/S1 there is a 2.6 mm broad based central disc protrusion (2.6mm leaded) effaces the thecal sac and combined with facet hypertrophy, narrows the lateral recesses resulting in encroachment of the transiting nerve roots; facet arthrosis is moderate at L5/S1, mild at L3-L5 and no other significant abnormalities. An X-ray (5/20/14) of the sacrum and coccyx was normal. There is no evidence of lumbosacral radiculopathy, plexopathy or peripheral nerve entrapment. The treating physician states that the patient has failed conservative care to include PT and NSAIDS. Treatment has consisted of Naproxen, Omeprazole, PT, massage, chiropractic care, ice/heat packs; home exercise program, extracorporeal shockwave therapy, back support and sacral donut, LESI with fluoroscopic guidance and a corticosteroid injection over the bilateral wrist. The utilization review

determination was rendered on 11/14/14 recommending non-certification of Bilateral Medial Branch Blocks with Fluoroscopy at L3, L4, L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Blocks with Fluoroscopy at L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." MTUS further defines the criteria for epidural steroid injections to include: 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, 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" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient had a previous LESI on 10/1/14 and the treating physician on 10/27/14 notes "she reports 20% relief after 2 weeks." The guideline recommendation for a repeat block with at least 50% pain relief for 6 to 8 weeks has not been met. As such, the request for Bilateral Medial Branch Blocks with Fluoroscopy at L3, L4, L5 is not medically necessary.