MAXIMUS Federal Services

Case Number:	CM15-0161944		
Date Assigned:	08/27/2015	Date of Injury:	08/02/2014
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 28-year-old male who sustained an industrial injury on 08-02-2014. Mechanism of injury occurred when he was lifting a garage door, and he also had back pain when he was carrying heavy buckets throughout the orchard. Diagnoses include low back pain, degenerative lumbar disc, and lumbar radiculopathy. Treatment to date has included diagnostic studies, medications, physical therapy, and he has declined injections in the past. On 11-08-2014, a Magnetic Resonance Imaging of the lumbar spine showed a left disc bulge at the L3-4 with some displacement of the exiting left L4 nerve root and an annular tear. At L4-5 there is disc desiccation and broad based bulging is again present off to the left with an annular tear and mild lateral recess bot not foraminal narrowing. A physician progress note dated 05-11-2015 documents the injured worker complains of low back pain that is intermittent, sharp, stabbing with numbness, and tingling. It is in the low back the upper back left buttock and left thigh. He also has back stiffness. There is tenderness to palpation of the thoracic spine over the left facet joints. There is tenderness over the lumbar left flank and over the spinal column and facet joints on the left side. He rates his pain as 7 out of 10. Treatment requested is for 1 left L3-4 and L4-5 TEFSI followed by facet injection on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left L3-4 and L4-5 TEFSI followed by facet injection on the left side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint pain, signs & symptoms.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Facet Joint Diagnostic Blocks (Injections) Section.

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment; 3) Injections should be performed using fluoroscopy for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block; 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; 8) No more than 2 ESI injections. In this case, there is a subjective complaint of radiculopathy along with an MRI that supports that complaint. The request for ESI is warranted in this case. 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. In this case, there is no clinical information consistent with facet joint pathology to warrant facet joint injection. Although the request for ESI is warranted, the request for facet joint injection is not, therefore, the request for 1 left L3-4 and L4-5 TEFSI followed by facet injection on the left side is determined to not be medically necessary.