

Case Number:	CM15-0169385		
Date Assigned:	09/10/2015	Date of Injury:	03/17/2015
Decision Date:	10/08/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 54 year old female injured worker suffered an industrial injury on 3-17-2015. The diagnoses included lumbago, lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis with unspecified radicular syndrome and lumbosacral spondylosis. On 7-9-2015 the treating provider reported severe pain in the low back and both legs with paresthesia. On exam she appeared to be uncomfortable with mild limitation in lumbar range of motion and tenderness. There were positive Waddell's signs. Prior treatments included medication. The diagnostics included lumbar magnetic resonance imaging. It was not clear if the injured worker had returned to work. The Utilization Review on 8-3-2015 for the treatments Bilateral Lumbar L5 Transforaminal Epidural Steroid Injection (ESI) and Bilateral L4-L5 and L5-S1 (sacroiliac) Facet Joint Injections determined they were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar L5 Transforaminal Epidural Steroid Injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a series of three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was mention of at least one previous L5 epidural injection as the provider recommended "repeat bilateral L5 lumbar transforaminal epidural injections." There was also a request for facet joint injections at the same time all in order to help diagnose the cause of her pain. However, injections of the epidural area are not to be used for diagnostic reasons and must be supported by clinical objective evidence of neurological compromise, and in this case there was none (normal sensation, etc.). Therefore, the request for L5 epidural injections are not medically necessary without record of how effective the previous one was and without evidence of current L5 pathology.

Bilateral L4-L5 and L5-S1 (sacroiliac) Facet Joint Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Criteria for use of diagnostic blocks for facet "medicated" pain.

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 section, facet joint pain/injections.

Decision rationale: The MTUS is silent regarding therapeutic facet joint injections. The ODG discusses the criteria for the use of therapeutic facet joint block injections: 1. No more than one injection at one time, 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, 3. If previously successful (pain relief of 70% or greater, plus pain relief of 50% or greater for a duration of at least 6 weeks), a medial branch diagnostic block and subsequent neurotomy may be considered, 4. No more than 2 joint levels may be blocked at any one time,

and 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In the case of this worker, there were physical examination findings of generalized back sensitivity to light touch, but no clear facet joint pain to suggest injections would be appropriate. Also, epidural injection for the same lumbar area was also recommended at the same time and no mention of physical therapy to go along with these injections, all of which disqualifies this worker from having this procedure at this time. Therefore, this request for lumbar facet injections are not medically necessary.