

Case Number:	CM15-0189603		
Date Assigned:	10/01/2015	Date of Injury:	11/21/2014
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old male who sustained an industrial injury on 11-21-14. The injured worker reported lumbar spine pain. A review of the medical records indicates that the injured worker is undergoing treatments for sprain strain lumbar region, sciatic. Medical records dated 8-25-15 indicate pain rated at 7 to 8 out of 10. Provider documentation dated 8-25-15 noted the work status as return to modified work 8-25-15. Treatment has included a lumbar spine brace, at least 24 sessions of physical therapy, at least 8 acupuncture treatment, magnetic resonance imaging, and ibuprofen since at least May of 2015. Objective findings dated 8-25-15 were notable for tenderness to palpation to the lumbar spine at the midline and paraspinals, decreased sensation to light touch at L4 to L5. The original utilization review (8-31-15) denied a request for Epidural steroid injection at bilateral L4-5 under monitored anesthesia care and Facet joint injection at bilateral L4-5 under monitored anesthesia care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at bilateral L4-5 under monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 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. Per progress report dated 8/25/15, decreased sensation to light touch was noted at the L4 and L5 dermatomes; 5/5 muscle strength in all muscle groups; and symmetric DTRs were noted. MRI of the lumbar spine dated 1/9/15 revealed at L4-L5 an asymmetric 4mm circumferential disc bulge most prominent through the right subarticular to lateral zone, moderate bilateral neural foraminal narrowing, severe central canal stenosis measuring 6mm in AP dimension with complete effacement of the CSF space surrounding the transiting nerve roots. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.

Facet joint injection at bilateral L4-5 under monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. 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, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The MTUS is silent on lumbar facet injections. With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief

of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement." "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." MRI of the lumbar spine dated 1/9/15 revealed at L4-L5 an asymmetric 4mm circumferential disc bulge most prominent through the right subarticular to lateral zone, moderate bilateral neural foraminal narrowing, severe central canal stenosis measuring 6mm in AP dimension with complete effacement of the CSF space surrounding the transiting nerve roots. As spinal stenosis is an exclusionary criteria, per citation above, medical necessity cannot be affirmed.