

Case Number:	CM15-0192263		
Date Assigned:	10/06/2015	Date of Injury:	10/31/2002
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 10-31-2002. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar pain and radiculopathy, lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, cervical spine pain, chronic pain syndrome, arthropathy, carpal tunnel syndrome, high blood pressure, depression, and insomnia. Medical records (05-28-2015 to 09- 11-2015) indicate ongoing and increasing low back pain. Pain levels were 4-5 out of 10 on a visual analog scale (VAS) with medications and 10 out of 10 without medications, and was described as sharp and constant. Activity levels and level of functioning were not discussed. Additionally, the IW's work status was not specified. The physical exam, dated 09-11-2015, severe tenderness to palpation at the right sciatic notch and lower lumbar spine, moderately decreased range of motion in the lumbar spine, positive Kemp's tests bilaterally, and positive straight leg raise on the right. These were new findings from the exam dated 05-28-2015. Relevant treatments have included: a radiofrequency ablation to the cervical spine with substantial symptoms relief, work restrictions, and pain medications. A MRI of the lumbar spine (09-18-2013) showed a posterior laminectomy at L4-5 and L5-S1 with some enhancement in the posterior annulus at L4-5, and an extruded disc fragment (5.2mm) extending from the L2-3 level inferiorly and causing associated disc displacement of the left L3 nerve root. The request for authorization (09-17-2015) shows that the following procedures were requested: caudal injection (with CPT code 62311 injection(s) of diagnostic or therapeutic substance(s) including anesthetic antispasmodic, opioid, steroid, other solution, not including neurolytic substances, including

needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid: lumbar or sacral (caudal)), and a medial branch nerve block at bilateral (lumbar) L3-L4, L4-L5 and L5-S1 (sacroiliac) with CPT codes 64493 (injection(s) diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT computerized tomography), lumbar or sacral; single level and 64495 (injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT computerized tomography), lumbar or sacral; third and any additional level(s))). The original utilization review (09-22-2015) non-certified the request for the caudal injection and medial branch nerve block at bilateral L3-L4, L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal injection (with CPT code 62311 injection(s) of diagnostic or therapeutic substance(s) including anesthetic antispasmodic, opioid, steroid, other solution, not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural o: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular symptoms, myotomal and dermonatomal neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. The Caudal injection (with CPT code 62311 injection(s) of diagnostic or therapeutic substance(s) including anesthetic antispasmodic, opioid, steroid, other solution, not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid: lumbar or sacral (caudal)) is not medically necessary and appropriate.

Medial branch nerve block at bilateral (lumbar) L3-L4, L4-L5 and L5-S1 (sacroiliac) with CPT codes 64493 (injection(s) diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT computerized tomography), lumbar o: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant pain relief of 70% for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined clinical findings and imaging with clinical correlation, not identified here. There is no report of acute flare-up, ADL limitation, progressive deficits or functional change for this chronic injury in terms of increased ADLs, decreased pharmacological profile and dosing along with decreased medical utilization from treatment previously rendered. Additionally, facet injections/blocks are not recommended in patients who may exhibit radicular symptoms with identified spinal/neural foraminal stenosis and nerve impingement, or performed over 2 joint levels concurrently (L3, L4, L5, S1) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Medial branch nerve block at bilateral (lumbar) L3-L4, L4-L5 and L5-S1 (sacroiliac) with CPT codes 64493 (injection(s) diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT computerized tomography), lumbar or sacral; single level and 64495 (injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT computerized tomography), lumbar or sacral; third and any additional level(s) is not medically necessary and appropriate.