

Case Number:	CM15-0199002		
Date Assigned:	10/14/2015	Date of Injury:	10/20/2014
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/09/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 40 year old female who sustained an industrial injury on 10-20-2014. MRI of the lumbar spine performed on 11-26-2014 demonstrated impingement of the descending left L5 nerve root on the basis of a left paracentral disc protrusion and L4-L5 combined with a disc bulge and degenerative left lateral listhesis and multilevel degenerative disc changes with shallow disc bulging. There was no evidence for central canal stenosis or foraminal impingement. According to a history and physical performed on 07-28-2015, the injured worker reported neck pain, bilateral shoulder pain, bilateral wrist pain, bilateral knee pain and low back pain that radiated down the lateral aspect of both lower extremities to the mid-calf region. Activities of daily living were limited secondary to pain. She had difficulty sleeping. The provider noted that the injured worker had undergone lumbar epidural steroid injection and sacroiliac injection which provided "significant" relief for a "somewhat limited period of time". Other treatment has included TENS unit, acupuncture, chiropractic care and physical therapy. Gait was antalgic. Toe and heel ambulation was antalgic. There was tenderness in the midline of the lumbar lower spine and over the sacroiliac joints bilaterally. Range of motion of the lumbar spine demonstrated flexion 30 degrees, extension minimal degrees, left lateral flexion 5 degrees and right lateral rotation 5 degrees. Power in the lower extremities was 4 out of 5 in the right and left in all muscle groups. Sensation was normal to light touch in the lower extremities. Deep tendon reflexes in the lower extremities were 1 out 4 of in the right and left Achilles and patellar. Straight leg raise was positive on the right at 45 degrees with pain radiating down the lateral aspect of the right thigh to the right knee and positive on the left at 45 degrees with pain

radiating down the lateral aspect of the left thigh to the left knee. Diagnoses included degenerative disc disease cervical, degenerative disc disease lumbar and degenerative joint disease. The treatment plan included a bilateral L4-5 transforaminal epidural steroid injection and bilateral sacroiliac joint injection, medications and physical therapy. On 09-16-2015, Utilization Review non-certified the request for 1 lumbar epidural steroid injection bilateral L4-L5 outpatient under MAC anesthesia under fluoroscopic guidance and 1 bilateral sacroiliac joint injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Epidural Steroid Injection Bilateral L4-L5 Outpatient under Mac Anesthesia under Fluoroscopic Guidance: 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 Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). 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." ACOEM states "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. 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. Radiculopathy does not appear to be documented with imaging studies and EMG is normal. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc.). As such, the request for 1 Lumbar Epidural Steroid Injection Bilateral L4-L5 Outpatient under Mac Anesthesia under Fluoro is not medically necessary.

1 Bilateral Sacroiliac Joint Injection Under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: ACOEM Guidelines report that "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended" rotation significantly exacerbate low back pain. Additionally, the treating physician does not document lumbar rigidity, level of pain relief as it pertains to conservative treatments, or specify what the "multiple positive exam findings" were. As such, the request for Bilateral Sacroiliac Joint Injection under Fluoroscopic Guidance is not medically necessary.