

Case Number:	CM15-0020224		
Date Assigned:	02/09/2015	Date of Injury:	12/29/2008
Decision Date:	04/06/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 76-year-old female who reported an injury on 12/29/2008. The mechanism of injury was a slip and fall. She was diagnosed with lumbago, lumbar disc degeneration, and lumbosacral neuritis. Her past treatments have included back surgery, physical therapy, and medications. On 01/05/2015, the injured worker presented with complaints of low back pain with radiating symptoms down the right leg. She described the radiating symptoms down her posterolateral thigh and calf, wrapping around to include the dorsum of the foot and middle toes. She rated her pain 9/10. It was noted that an MRI of the lumbar spine done in 2010 showed lateral recess stenosis at L4-5 in the region of traversing L5 nerve roots; moderate right foraminal stenosis at L3-4 causing impingement of the right L3 nerve root; and chronic disc degeneration with disc protrusion at T12-L1 impinging the left T12 nerve root; as well as lumbar facet arthritis at multiple levels. Physical examination of the lumbar spine revealed restricted range of motion due to pain; tenderness over the L3, L4, and 5 spinous processes; positive bilateral lumbar facet loading; and tenderness over the sacroiliac spine. The neurological examination revealed a positive right straight leg raise; normal reflexes at the bilateral knees and left ankle jerk with an absent right ankle jerk; normal motor strength at 5/5 in all muscle groups; and normal sensation to light touch and pinprick throughout the lower extremities. The treatment plan included lumbar facet joint injections at the bilateral L3-4, L4-5, and L5-S1 and transforaminal epidural steroid injections at right L3-4 and right L5-S1. However, a specific rationale for these recommendations was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Joint Injection Bilaterally at L3-L4 and L5-S1 to be performed at [REDACTED] Pain Clinic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: According to the California MTUS/ACOEM Guidelines, invasive techniques, such as facet joint injections, are of questionable merit. More specifically, the Official Disability Guidelines state therapeutic facet joint injections may be recommended for patients with a clinical presentation consistent with facet joint pain and no evidence of radicular pain, spinal stenosis, or previous fusion. The guidelines also state no more than 2 joint levels should be blocked at 1 time and there should be evidence of a formal plan of additional evidence based activity and exercise in addition to facet joint injection therapy. The guidelines also specify that facet joint pain is identified by tenderness to palpation in the paravertebral areas over the facet region, predominantly axial low back pain, and absence of radicular findings in a dermatomal distribution. The clinical information submitted for review indicated that the injured worker reported low back pain with distinct radiating symptoms into the right lower extremity in a specific dermatomal distribution. She was also noted to have neurological deficits suggestive of radiculopathy on physical examination as well as findings suggestive of facet joint pain. The documentation also shows that she had tried and failed physical therapy and medications. However, additional details regarding her treatment since her 2008 injury were not included. Therefore, it is unknown whether she has previously undergone lumbar facet injections or similar treatment. The guidelines specify that only 1 set of therapeutic facet joint injections is recommended. Therefore, the documentation needs to address whether previous injections have been performed. Furthermore, there was no documentation indicating that there is a formal plan of additional evidence based activity and exercise in addition to the requested facet joint injection therapy. Therefore, the criteria for facet joint injections according to the guidelines have not been met. As such, the request is not medically necessary.

Transforaminal Lumbar Epidural Injection at Right L3-L4 and L5-S1 to be performed at [REDACTED] Pain Clinic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections are recommended to reduce radicular pain and facilitate progress in active treatment programs when clinical findings are suggestive of radiculopathy on physical examination and corroborated by findings on imaging studies and/or electrodiagnostic testing. Additionally, the patient needs to have been initially unresponsive to conservative treatment to include home exercise, physical therapy, NSAIDs, and muscle relaxants. The guidelines also state repeat injections should be based on continued objective documented pain relief and functional improvement following the previous injection. The clinical information submitted for review indicated that the injured worker had previously been treated with physical therapy and medications. However, additional details regarding her treatment since her 2008 injury were not provided to include whether she has undergone previous epidural steroid injections at the requested levels. The documentation did show that she had significant radiating symptoms into the right lower extremity in a predominantly L5 dermatomal distribution. She also had a positive right straight leg raise and an absent right ankle jerk reflex indicative of L5 radiculopathy. It was noted that her MRI had revealed lateral recess stenosis at L4-5 in the region of the traversing L5 nerve roots and right foraminal stenosis at L3-4 causing impingement of the right L3 nerve root. However, no significant pathology was noted at L5-S1 and the injured worker was not shown to have symptoms or physical examination findings consistent with L3 radiculopathy. Moreover, the official MRI report was not provided to confirm these noted findings. She was also not shown to have a formal plan for active treatment such as home exercise or physical therapy following the recommended injections. In addition, the guidelines state epidural steroid injections are to be given under fluoroscopic guidance and the request as submitted did not indicate that fluoroscopy would be used. For these reasons, the request is not medically necessary.