MAXIMUS Federal Services

Case Number:	CM15-0216446		
Date Assigned:	11/06/2015	Date of Injury:	05/07/2015
Decision Date:	12/28/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/03/2015

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, 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 54 year old female, who sustained an industrial injury on 05-07-2015. A review of the medical records indicates that the worker is undergoing treatment for lumbar sprain, acquired spondylolisthesis, cervical strain, labral tear of shoulder and degenerative disc disease. Treatment to date has included pain medication, physical therapy, multiple lumbar facet injections, steroid injections and rhizotomy procedures, which were noted to have failed to significantly relieve pain. MRI of the lumbar spine on 05-04-2015 was noted to show mild anterior spondylolisthesis of L4 on L5 and broad based disc bulge with facet hypertrophy posteriorly. X-ray of the lumbar spine on 06-05-2015 was noted to show retrolisthesis of L2 on L3, grade 1 anterolisthesis of L4 and L5, facet disease, degenerative changes of the sacroiliac joints and loss of disc height seen primary the L3-L4 through L5-S1. In a progress note dated 06-15-2015, the worker reported continued low back pain radiating to the hips as well as neck and shoulder pain and that she was unable to sit for long periods of time without increased pain. Objective findings of the cervical spine, right shoulder, left elbow, right wrist and right elbow were documented but there were no objective findings of the lumbar spine documented. The worker underwent diagnostic arthroscopy, debridement of partial-thickness rotator cuff tear, acromioplasty and biceps tenodesis on 09-03-2015. Subjective complaints (09-24-2015) include persistent low back pain, bilateral buttocks and bilateral leg pain. The worker was noted to be status post right arm surgery. Objective findings revealed some difficulty with change from one position to another, mild limitation with range of motion of the lumbar spine, tenderness to superficial light palpation throughout the lumbar spine and gluteal areas bilaterally and diffusely tight left and right extensor muscle of the lumbar spine. The physician noted that

the worker had the same symptoms for years and that multiple lumbar facet injections, steroid injections and rhizotomy procedures had not provided her with long-term relief. The physician's recommendation was to follow up with primary care physician. Subjective complaints (10-01-2015) included back, buttock and leg pain. No objective examination findings were documented. The physician noted that the worker had a long-standing slip of L4 forward and 5 and that a request for bilateral L4 and L5 lumbar transforaminal epidural steroid injections in addition to L4-L5 facet joint injections. A utilization review dated 10-28-2015 non-certified requests for bilateral L4 and L5 transforaminal ESI (epidural steroid injection) and bilateral L4-L5 facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 and L5 transforaminal ESI (epidural steroid injection): Upheld

Claims Administrator 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).

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 series-of-three injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections.MRI of the lumbar spine dated 5/4/15 revealed mild anterior spondylolisthesis of L4 on L5 and broad based disc bulge with facet hypertrophy posteriorly. X-ray of the lumbar spine dated 6/5/15 was noted to show retrolisthesis of L2 on L3, grade 1 anterolisthesis of L4 and L5, facet disease, degenerative changes of the sacroiliac joints and loss of disc height seen primary the L3-L4 through L5-S1.Per progress report dated 9/24/15, it was noted that the injured worker was neurologically intact. 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. Furthermore, it was noted that the injured worker was treated with epidural steroid injection in the past which were noted to have failed to significantly relieve pain.

Bilateral L4/5 facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009.

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." Per the medical records submitted for review, it was noted that the injured worker has previously been treated with lumbar facet injections. Per the guidelines, no more than one therapeutic intra-articular block is recommended. If facet injections were effective, the injured worker should have moved on to radiofrequency ablation. The request is not medically necessary.